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ABSTRACT

This report is an attempt to define the role of the junior/community college in providing vocational training for the physically handicapped. In identifying this role the report offers: (1) an in-depth discussion of the national concern of vocational education for the handicapped, (2) findings from a review of the existing vocational education programs for the disabled, (3) an analysis of the handicapped population related to the junior college, (4) suggested solutions to problems, (5) labor market trends and needs, (6) program planning, (7) implementation and evaluation of supportive services such as counseling and guidance, and (8) future needs and program development. In outlining a course of action, the report categorizes the basic needs of handicapped students as medical, social, economic, and educational. (Author/JS)

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# VOCATIONAL EDUCATION and THE PHYSICALLY HANDICAPPED

VOICES AND VIEWS

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# VOCATIONAL EDUCATION

# and

# THE PHYSICALLY HANDICAPPED

## Voices and Views

Prepared for Los Angeles City College

July, 1971

Don Love, MA
Los Angeles City College

and

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## FOREWORD

"To every man his chance. To every man, regardless of his birth, his shining golden opportunity. To every man the right to live, to work, to be himself and to become whatever things his manhood and his vision can combine to make him." -- Thomas Wolfe.

But are the handicapped getting their chance?

This report is meant to be a tool for the recognition and partial resolution of the factors preventing disabled junior college students from taking their rightful place among the skilled and competent workers of the nation. It is hoped that the report will be useful in assisting the junior colleges towards the development of research which will provide necessary data for programs enabling the handicapped to competitively enter the world of work.

The results include the following: an in-depth discussion of the national concern of Vocational Education for the Handicapped, findings from a review of the existing vocational education programs for the disabled, an analysis of the handicapped population related to the junior college community, suggested solutions to problems, labor market trends and needs, program planning, implementation and evaluation of supportive services such as counselling and guidance, future needs and program development.

Despite the current focus on the handicapped nationally, there was very little literature available. Primary sources were the President's Committee on Employment of the Handicapped, various private and public associations for the Handicapped such as the National Multiple Sclerosis Society, and the Braille Institute of America, Inc. and the Federal and State Government.

A primary difficulty in collecting data specifically came because no organization has thoroughly defined the problem. For example there is no exact statistical data pertaining to the size or scope of handicapped citizens, employment or placement figures, nor other like information. Research to provide data on which to base an identification system alone would be a first step toward obtaining vital planning information. The difficulties of getting this "fix" on the problem are discussed in detail in the findings of the report.

When funds became available for special educational programs for the disadvantaged, the community colleges could draw on more than five years of experimental data collected by numerous manpower training, demonstration, and research projects.

This data allowed each community college to select, among many approaches, the ones best suited to their disadvantaged students. Satisfactory methods for identifying and counselling disadvantaged students had been well established; systematic approaches to various supportive services such as work experience, transportation, tutoring, etc. had been thoroughly researched and demonstrated.

Unfortunately, there is no such backlog of data for the handicapped. Past programs have been traditional in concept, often separating the handicapped from the mainstream. Partially due to the limitation of funds, innovative educational approaches have not proliferated at the post-secondary level. This results in a lack of knowledge regarding methods for identifying and meeting the special needs of handicapped students. Pertinent data in these and other areas is a prerequisite to effective Vocational Education programs; thus, future planning should allow for research, demonstration and experimental projects which will define new methods and approaches as well as provide more

data on what jobs actually exist in industry for the handicapped; and also on what specific handicapping conditions prevent certain types of employment.

This report then is an initial effort towards recognizing and defining those problems brought to the community colleges by the growing influx of handicapped; it is also one of the steps towards meeting the challenges posed by these problems.

Specifically, this report contains three sections:

Section I presents the historical and philosophical overview, defines the handicapped, and outlines potential supportive programs.

Section II deals with documentation that was compiled from employer surveys, projected labor trends and student surveys. It was felt that the information in this section would serve as a valuable tool in the evaluation of existing programs and problems and further would assist in future designing of programs to serve the handicapped in Vocational Education.

Section III contains broad program suggestions which might act as a nucleus for further research and planning.

As stated above, this report is only an initial effort. It does, however, point the way. Dr. Howard A. Rusk, Director of the Institute of Physical Medicine and Rehabilitation, New York University Medical Center,put it this way:

> If we don't do something about the disabled, the chronically ill, and the older age group in our economy, by 1980 for every able-bodied worker in America there will be at least one physically handicapped, one chronically ill, or one beyond the age of 65 on that worker's back.

In closing, our gratitude is extended to Mr. Stan Den Adel, Mr. Jack Rugh Mrs. Ruth Gomorrah, Mr. Bill Simar, and Joan Francis, all of whom helped make this report possible, also:

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# SECTION I

WHAT HAS BEEN DONE

Legislators have acted in the past to assure that the handicapped are cared for. But only recently has legislation granted the handicapped the right to participate as opposed to the right to be taken care of.

In education this new approach to the handicapped is reflected in the Vocational Education Act Amendments of 1968 which emphasize the development of special programs to enable the handicapped to develop to their full potential.

Briefly, the following historical outline indicates these legislative steps.

Legislation in Perspective

In 1920 Congress passed the first Vocational Rehabilitation Act providing funds to rehabilitate the physically handicapped. This began a series of legislative acts, each one indicating the country's growing concern that the physically handicapped be given vocational opportunities. The following chronology of rehabilitation development shows this mounting interest:

1920 Congress passed the first Vocational Rehabilitation Act providing for federal matching grants to the states to rehabilitate the physically handicapped.

1921 California opened its first state vocational rehabilitation office with a staff of one professional worker.

1933 Congress passed the Wagner-Peyser Act which established a system of State Employment offices with special job placement service for the handicapped and provided for close cooperation with state rehabilitation agencies.

1936 Congress passed Public Law 732 (the Randolph-Sheppard Act) designating state vocational rehabilitation agencies as the official licensing agencies for vending stands to be operated by blind persons in federal buildings.

1943 Congress passed Public Law 113 (the Barden-LaFollette Act) amending the Vocational Rehabilitation Act. The amendments improved financing, extended service to the mentally ill and the mentally retarded, and added physical restoration services.

1945 The California Legislature passed the Crowley Act extending the vending stand program for blind operators to state, county, and other municipal buildings.

1951 The State Senate established the Senate Interim Committee on the Education and Rehabilitation of Handicapped Children and Adults. This committee was created to study and analyze existing state policies pertaining to the education and rehabilitation of all types of physically and mentally handicapped persons. It published reports in 1953, 1955, 1957 and 1959.

1952 Vocational Rehabilitation Service (VRS) with the approval of the State Legislature, changed the VRS program emphasis from serving large numbers of minimally handicapped persons to serving those in greatest need for rehabilitation services.

1953 The State Legislature enacted Senate Bill 15 to establish the California Vocational Rehabilitation Act. It gave permanent status to VRS and permitted the Legislature to determine the level of service. The Act allows the Legislature to determine the level of service. The Act allows the Legislature to finance the VRS program beyond the minimum required by the Federal Act.

1954 Congress passed Public Law 565 amending the Vocational Rehabilitation Act to provide (1) federal financing to the states on a per capita income basis, (2) federal grants for extension and improvement of state rehabilitation programs through special projects, (3) federal grants for demonstration and research projects conducted by public and private organizations, (4) federal grants for expansion of rehabilitation faciliti in the states, and (5) federal grants to colleges and universities for training programs in rehabilitation counseling, social work, medicine, physical therapy, and occupational therapy.

1956 Congress amended the Social Security Act to establish a system of disability insurance benefits payable to insured workers unable because of physical or mental disability to perform "substantial gainful activity." It was stipulated that applicants for disability benefits are to be considered for referral to Vocational Rehabilitation. Disability determinations are made by state vocational rehabilitation agencies.

1957 The first Governor's Conference on Rehabilitation of the Physically Handicapped was held in Sacramento. Rehabilitation leaders from throughout the state met to consider and discuss

rehabilitation problems, and to make recommendations for solutions.

1959 The State Legislature authorized VRS to provide consultative services to public and private organizations interested in workshops for the disabled.

1963 The California State Legislature enacted Senate Bill 1023 which established the Department of Rehabilitation within the Health and Welfare Agency, effective October 1 of that year. This Act brought together a number of related rehabilitative programs in a separate administrative unit.

1965 Congress enacted HR 8310 which became Public Law 89-333, the Vocational Rehabilitation Act Amendments of 1965. This legislation provided for much better Federal support of rehabilitation, expanded facilities construction funds, provided more support for research, demonstration and training, etc. It also changed certain definitions, established a Commission on Architectural Barriers and generally expanded the potential of rehabilitation aid to the handicapped.

1967 Congress amended the Vocational Rehabilitation Act to increase the amount of federal money available for vocational rehabilitation, establish a national center for deaf-blind clients and authorized a new special project fund to extend services to migrant farm laborers.

1968 Congress amended the Vocational Rehabilitation Act to increase the federal share of the cost of the state rehabilitation program from 75% to 80%, to provide vocational evaluation and work adjustment programs <u>for all vocationally handicapped individuals who are disadvantaged</u>.

1968 Congress amended the Vocational Education Act of 1963 to require that each state devote to vocational education programs for the physical or mentally handicapped <u>at least</u> 10% of its total allocation. Since the 1968 amendments authorize more than double the previous level of federal appropriation for vocational education, this 10% is a significant amount. The total authorization for fiscal year 1971 is $870,150,000 and for fiscal year 1972 it is $910,150,000 up from the original appropriation of only $260,000,000.

The impact of this legislation on the Junior College level is reflected in the fact that prior to 1968 very few post-secondary programs existed for the disabled or disadvantaged person; and in the past three years programs for the Disadvantaged have proliferated. But there are very few of these special programs for the handicapped. This oversight at the post-secondary

level has created the unusual problem of accessible funds but no proven programs for the efficient use of these funds.

This lack of programs designed for the handicapped will be more severely noticed with the influx of disabled veterans who will be seeking Junior College training upon their discharge.

New Legislation for the Viet Nam Veteran

Recently President Nixon announced a Predischarge Education Program and a special JOBS program for returning Viet Nam veterans. The reason, coming home from Southeast Asia is different from coming home from World War II or Korea. Returning from Southeast Asia means being the product of exceptional feats of medical science for many wounded men brought back alive from Viet Nam would have perished in earlier wars. Unfortunately, many of these men are returning with debilitating handicaps -- for example, 167,350 Viet Nam veterans are receiving disability compensations from the Government.

Another difference in returning Viet Nam veterans is that they are the best educated soldiers in U.S. history. 78.5% have graduated from high school as compared to 56.3% of Korean veterans. In World War II only 45.2% of returning veterans had High School diplomas. Many of these returning veterans will be encouraged to enter the junior college system because a high school diploma is not as meaningful to employers today as it was in 1945 -- especially for those who are handicapped. The handicapped veteran needs all the education and training he can get. The problem is exemplified by the following case history:

> Alvin Williams is one young man who could have used some guidance or more education. "If I had known I'd lose my arms," he reflected bitterly from his Detroit, Mich., home, "I would have refused to go to Vietnam, and gone to jail instead." The disillusionment of this young man, who received three Purple Heart medals during his military service, is the result of

> long months of fruitless job searching, caused by the discrimination which is the lot of so many handicapped veterans.
>
> Williams was refused jobs at the Post Office, local factories, the Civil Service Commission. Always it was the same answer: "We'll call you." But they never did.
>
> Alvin Williams applied for welfare and food stamps. He hadn't wanted that, but it looked like public assistance was the only way he'd have to support his wife and two kids. His $290. worth of veterans benefits just weren't enough for rent, car payments, and food and clothing for a whole family.
>
> After getting considerable publicity in the national press, Mr. Williams got an inspector's job at Hercules Forging Co. A happy ending to his story, but how many other disabled veterans are still suffering worse fates because they haven't gotten publicity and just don't know where to turn?

Solving just such problems as Alvin Williams' is the intent of the President's new Veterans programs; it is also the intent of the new legislation which allows the disabled person to participate to his fullest potential.

Beyond the Legislative Aspect

Heralded by this legislation, a new philosophical approach has been summed up by the President's Commission on Employment of the Handicapped as follows:

> We want an equal chance for all people, no matter how severely Handicapped.
>
> We want an equal chance for all the Handicapped and not just some of the Handicapped.
>
> This means instilling hope in the hearts of all the Handicapped -- those with serious disabilities particularly -- so they will gain the motivation to prepare for jobs and to look for jobs.
>
> This means doing all we can to eliminate the barriers, no matter what they may be, that stand in the way of full equality for the Handicapped. Barriers of attitude, barriers of architecture, barriers of transportation, barriers of employment policies, barriers of pre-employment physical and mental exams, barriers of rejection -- all these and more can come tumbling down through our efforts.

Vocational Education for All

The Vocational Education Amendments acknowledged that these barriers can only be partially overcome without the active help of the vocational education system; for it is through this process that workers are trained and educated and ultimately employed. Thus the concept of an equal chance for all encouraged a look at the concept of Vocational Education for all.

What are the theoretical considerations which serve as the basis for vocational education for all? Earl B. Young, in his book, Vocational Education For Handicapped Persons (published by the Office of Education and Health, Education and Welfare, 8/1969), states it this way:

> Free societies can flourish when they make maximum use of their resources, both human and natural. Any individual who does not contribute his share to the socio-economic system is viewed as an economic liability. Thus, every potential worker must be trained to perform some useful service to the maximum of his capabilities. This kind of economic realism, coupled with the philosophy of humanitarianism, provides the basis for a society which is meaningful and conducive to physical and group well-being.
>
> It is incumbent upon any free society, however, to make certain that each person be given the opportunity to earn a living, thus making it possible for him to enjoy 'the good life'. Experience has shown that the disabled, when properly educated, achieve the state of well-being which is the birthright of all in free societies.

Opportunities Must Be Made

Thus the legislative and philosophical mandate is clear -- opportunities must be made available to handicapped people which will allow them to develop fully their potential capabilities. The State Department of Vocational Rehabilitation puts it this way:

> Neglected Disability means...
>
> WASTE of productive energy -- unnecessary unemployment.
>
> DEPENDENCY on public assistance, a constant drain on the resources of the state and the nation.

DEPENDENCY on family, denying or curtailing opportunities for the children or parents of the disabled.

LOSS of self-respect and of self-confidence on the part of the disabled, with resulting unhappiness.

Continued disuse of physical and mental powers aggravates the disabled man's condition and weakens his will to regain lost abilities and to learn new skills.

Corrected Disability means...

SALVAGE of wasted manpower.

MORE PRODUCTION for our state and our nation.

REDUCED public assistance costs.

REDUCED financial burdens on the families of the disabled.

RESTORED individual morale.

The disabled are an integral part of the community. Neglected, they prove a burden. Rehabilitated, they become an asset, contributing about $8 to the wealth of the state and nation through their regained productiveness for every $1 of tax funds spent on their rehabilitation.

Who are the Handicapped People?

The disabled are your neighbors. They cannot be identified as a group by age; they include the young, the elderly, and all in between, for disability strikes when it pleases. Some were clerks, some were industrialists, others farmers, machinists, or housewives. Some crippled in childhood, have never had a chance to work. There are the wealthy ones and the poor ones; however, most are poor, for severe disability is a costly business which soon wipes out life savings.

The handicapped are veterans and nonveterans, college alumni and public school graduates, blue collar and white collar, bright and mentally retarded. Some are the victimes of accidents, others of serious infections and illness; many were born with defects. They come from both sides of the tracks and vary in abilities and ambitions.

In short, the disabled are a fair cross-section of the American people. Specifically, Webster's Dictionary defines handicap as:

> A former kind of lottery game in which winners were penalized. A race or other competition game in which difficulties are imposed on the superior contestants, or advantages given to the inferior, to make their chances of winning equal.

A handicap, then, is something that hampers a superior contestant. In the sense that we all have limits or incapacities which hamper us, we all are handicapped.

## Disqualification is Dead

In the past, the physically or mentally handicapped person has been disqualified from competition before anyone knew the extent of his skill. His ability was never considered because his handicap automatically disqualified him. As a result the words "handicap" and "disqualified" become incorrectly synonymous to many people. Senator Hubert Humphrey, when he was vice president stated it this way:

> Being disqualified was being denied employment if you had multiple sclerosis or cerebral palsy or had even been in a mental hospital.
>
> It was an epileptic being denied a driver's license even though his seizures were controlled.
>
> The meanest, most thoughtless disqualification was a man in a wheelchair being denied entrance to a building -- or a bathroom -- because it had steps or because the door was too narrow.
>
> Disqualification was a handicapped person's being denied the right to be useful because our whole system of mass transportation depended on being able to climb stairs.

The idea of disqualification is dead -- in a very real sense, the thinking about physically and mentally handicapped people today is that their right is not to be disqualified and then cared for, but to participate -- to maximize their capabilities along with everyone else.

A Profile of the Handicapped

This attitudinal change towards the physically handicapped's ability comes in part from a recognition of his strengths. These abilities vary greatly, much as the individual and his handicap. These strengths can be exemplified by the following case profiles:

1) Programmer Donald Konikowski prepares computer programs for the International Business Machines Corporation, Endicott, N.Y. He is totally blind.

2) Robert Heit has a congenital deformity of the spine and chest. His legs are useless. However, he learned drafting through a correspondance course, and set out to find a job. He encountered polite refusal after polite refusal. Disappointed, he gave up the search for a brief time. Then he returned to the task with these additional qualifications: he had learned to handle a portable wheelchair, and found a way to get in and out of a car; and he learned to drive the car, using hand controls. Thereafter, when he went on job interviews, he drove himself. At the Fisher Body Division of General Motors Corporation, ther personnel department was impressed, and sent Heit to the staff physician for a medical evaluation. The doctor was doubtful about Heit's ability to handle a job - until he learned that Heit had driven himself to the interview. That eliminated the uncertainty. Heit had the job. Only three special arrangements were made by Fisher for its new draftsman. He was given a special parking place and a lower drafting board, and one door was altered to open in a different direction.

   He has now been on the job for 15 years, during which he has had three promotions. He is today a senior detailer and makes engineering drawings of electrical systems.. His supervisor assesses his job performance in these words: "I wish I had 10 more like him."

3) A Wilkes-Barre, Pa., shoe company spent $300 developing a complex metal jig to guide workers who make leather bows for women's shoes. It didn't suit an 18-year-old retarded young man at the Wyoming Valley Workshop for the Retarded. It wasn't accurate enough. So he took a block of wood, two finishing nails and a dozen eyelets and designed his own jig. Cost: 24¢. More accurate than the high-priced metal jig, it's now in wide use. His mind is retarded; his ingenuity isn't.

4) Patsy Morris is an order clerk at the Precision Rubber Products Corporation in Dayton, Ohio. She processes 1,000 orders each month. She set a new record for accuracy. She has cerebral palsy. It has affected her speech, her walking, her left hand. It hasn't affected her ability.

5) The composing room of the Des Moines Register and Tribune is a noisy place. Nine quick-fingered men operate the equipment. The noise

doesn't bother them. The newspaper's copy desk is just as noisy. A man sits there, black pencil in hand, absorbed in editing copy. The noise doesn't bother him either. All ten are totally deaf.

6) His legs and right arm are completely paralyzed; he has just a little movement in his left arm. Paralytic polio struck him 16 years ago. But his will was undamaged -- he studied accounting by mail, typing his assignments by punching the letters with a cigarette holder held between his teeth. He opened his own business in Duluth, Minn., staffed by the handicapped -- a secretarial and accounting service to local businesses. Then he opened five more businesses, managing all from his wheelchair. He is Max C. Rheinberger, Jr., named Handicapped American of the Year by the President's Committee.

As these profiles indicate, the person who has learned to overcome his handicap has already demonstrated superb courage, determination and flexibility -- traits that should be eagerly sought by our society. His ability should qualify or disqualify him; only then should his handicap be considered -- by lowering a drafting table, for example.

The Handicapped - An Increasing Population

The physically impaired are as diverse a group as the American population, in talent, in training, in circumstances, in occupation, and even in the practical effect of their limitation. For this reason, they have been characterized by the phrase, abilities unlimited.

By the broadest measure, 10% of the American people have a physical disability or a chronic impairment and the population of handicapped people keeps increasing. Every year 100,000 babies are born with the kind of defects that will force them to use crutches, braces or wheelchairs all their lives. Add to that the hundreds of thousands crippled in traffic accidents, the war veterans, the aged and those who are temporarily handicapped and the scope of the problem presents itself.

Conservative estimates indicate that nearly 500,000 people become disabled each year -- 33% due to amputations or deformities of the limbs; 14%

due to mental illness; 9% due to mental retardation; 9% due to visual handicaps; and the remaining 35% due to other disabilities.

To sum it up, at least 18,000,000 adults of working age have physical or mental handicaps according to a Social Security Administration survey. Not all of these people will attend a junior college; in fact, many will not. But with the return of the Vietnam veterans, many colleges will be faced, for the first time, with growing numbers of seriously physically handicapped students. These handicaps will be quite varied, and must be identified correctly by the counsellor and teacher if they are to be effective in helping this group.

## Classification of the Physically Handicapped

For educational use we will define six broad classifications of physical handicaps in broad medical terms:

1. Mentally Retarded
2. Speech Impaired
3. Visually Impaired
4. Hearing Impaired
5. Crippled and Health Impaired
6. Emotionally Disturbed

### 1. Mentally Retarded

Since we are primarily interested in identifying the handicapped students at the junior college level, we will only briefly deal with the two categories of this classification -- educable and trainable.

It is highly unlikely that these individuals will be enrolled in a junior college because the "educable" often achieve maximally at the 6th grade level and the "trainable" achieve often maximally lower than 6th grade level.

### 2. Speech Impaired

Language is the medium of communication through which an individual expresses his thoughts, experiences and feelings and a person's speech is considered defective when its deviation from average speech draws attention

to itself. Such speech defects are: stuttering, delayed speech, speech disorders caused by a cleft palate, vocal disorders, articulatory disorders, and speech disorders associated with hearing impairment or cerebral palsy.

3. Visually Impaired

The partially-sighted person has visual acuity of less than 20/70 in the better eye, after the best correction: this means that his vision is abnormal but with special help can be used for learning.

The blind person has less than 20/200 visual acuity in the better eye after the best correction. This visual loss is too severe to allow sight as a learning channel and other senses must therefore be substituted.

4. Hearing Impaired

Again we have two divisions in this classification of handicap: deaf and hard of hearing. Generally a deaf person is one who cannot distinguish frequencies from 70 decibels up; this simply means he cannot discern or distinguish sounds through his sense of hearing. The hard-of-hearing person has a hearing loss which limits his hearing sense but which is not so severe as to make this sense non-functional.

5. Crippled and Health Impaired

This area includes those with limited self-mobility due to muscular or neuro-muscular handicaps such as paraplegia, multiple sclerosis, poliomyelitis, cerebral palsy, etc. Skeletal deformities such as curvature of the spine, clubfoot, bone cysts, tumors and conditions caused by accidents also limit self-mobility.

Chronic health problems, though they may not limit self-mobility, will limit a person's strength, vitality and general ability. Health impairment includes heart conditions, epilepsy, diabetes, asthma, haemophilia, tuber-

culosis, rheumatic fever, etc.

6. Emotionally Disturbed

Generally a student whose inappropriate behavior presents severe learning difficulties within a classroom situation can probably be considered emotionally disturbed. This classification is difficult to define at the junior college level, however, due to the independent nature of the physical setting. Certainly, many multi-handicapped persons also have psychological problems in adjusting to the junior college system, as evidenced by the need for psychological counselling, but these students cannot be classed as emotionally disturbed within this academic definition.

Special Needs -- A Definition

We have now identified the handicapped according to his disability. But that is only the medical definition and only one aspect of the handicapped's profile. As seen earlier, the handicapped can also be identified by their abilities, their skills, and their talents, and they justify consideration in the positive sense as well as anyone else. Behind any definition of a group, the individual must be considered.

We are not trying to say that the physically and mentally handicapped do not have special needs -- they do have common needs and characteristics which, when understood, will allow educators to provide adequate supportive programs.

The following profile of characteristics were found to be held in common among physically or mentally handicapped people by the U. S. Department of Health, Education and Welfare, and the Office of Education. The accompanying service is suggested by the motive of the expressed need. Each item defines

something that must be done, although methods for accomplishing it may vary.

The Handicapped Person -- Common Characteristics

1. He may fail to possess feelings of personal adequacy, self-worth, and personal dignity; he may have failed so often in school that he is provided with a feeling of hopelessness. He may also be unable to accept the disability which has been reinforced by society's negative stereotyping.

   SERVICE: Personal counselling.

2. He may possess personal-social characteristics which interfere with his ability to function satisfactorily in a competitive work setting.

   SERVICE: Psychological counselling.

3. He may possess physical characteristics which can elicit rejection and can be viewed by peers, teachers and employers as unpleasant.

   SERVICE: Psychological counselling.

4. He may lack goal orientation and particularly that which relates to selection of an occupational training area and the anticipation of fulfillment in that area.

   SERVICE: Vocational counselling.

5. He may frequently be a disabled learner limited in his capacity to master basic communication and computational-quantitative skills.

   SERVICE: Basic education/developmental communication.

6. He may have limited mobility within his community and thus have little knowledge of not only the mechanics of getting about, of how to use public transportation, but will lack important information regarding the community's geography, institutions, and places of commerce and industry. As a result, he may not view himself as a part of his community.

   SERVICE: Elimination of physical barriers/community resource counselling.

7. He may be affected by chronic illnesses and by sensory-motor defects which reduce his effective response to training and placement.

   SERVICE: Medical consultation.

8. He may lack exposure to worker models. This is particularly true of the large number of handicapped youth whose families receive public assistance or who are plagued by chronic unemployment.

   SERVICE: On the Job Training placement, work exposure placement.

## The Role of Supportive Services

We have now established the historical perspective of legislative interest in the physically handicapped. We have identified what is meant by the term "physical handicap" and we have drawn general areas of common characteristics to indicate the service needs of the physically handicapped. In general we have found that, although the physically handicapped have normal capabilities, they often have special problems and needs that can vary significantly from the norm, and which may prevent them from achieving their potential capabilities. These special problems or needs can be effectively handled only with a well-thought-out and properly-implemented supportive service system.

It is our purpose in the following pages to determine exactly what supportive services are necessary to bring the physically and mentally handicapped into the mainstream. In every effective support service system the types of service offered are determined by the needs of the individual and this is equally true for the physically handicapped.

What then are the services suggested from our previously identified need characteristics (those problems common to almost all physically and mentally handicapped persons)?

These services were:

1. Rehabilitation counselling/community resource development.
2. Basic education/developmental communication.
3. Elimination of physical barriers.
4. Medical/psychiatric consultation
5. Work experience and placement.

Rehabilitation Counselling

The disabled person brings his counsellor many problems -- problems often complicated by society's rejection. He approaches the counsellor because he feels he cannot solve these problems himself. His needs are special and need specialized counselling. It would be impossible for him to marshall together and use effectively all the resources available without expert help. There are simply too many agencies -- vocational, medical, educational -- for this to be possible.

The Rehabilitation Counsellor - A Trained Specialist

A good rehabilitation counsellor, therefore, must be a trained specialist -- the "expert" that the handicapped person needs. And because of the multiple nature of the handicapped's problems, the counsellor must be versed in three disciplines -- psychological counselling, vocational counselling and personal counselling.

In general, the counsellor's job is to help the student become an integral member of the student body. This might require conferences with the handicapped student's vocational instructors, the Health Center, Special Services Department, and other necessary parties to help interpret the student's goals, strengths and weaknesses. It might require a request for the removal of architectural barriers or the recommendation for special work placement.

Whatever will enable the student to realistically plan and achieve his vocational goal is rightfully in the realm of the rehabilitation counsellor. He is the person who builds the bridge between the often isolated, lonely world of the physically or mentally handicapped and the college community.

And to be effective, the rehabilitation counsellor must bring a knowledge of all available community resources in order to solve the individual problems of his client. He, too, must often help the handicapped person minimize but accept his handicap; this aspect of the counsellor's role is particularly evident in the handicapped's choice of vocational programs for only with a valid assessment of the disabled person's limits and capacity can a realistic vocational decision be reached.

The rehabilitation counsellor, thus, must bring together all the special services -- provided by numerous agencies -- which can help his client. In addition, he helps his client recognize and accept his capabilities as well as his disabilities. He also helps his client determine a realistic occupational goal and provides whatever services are necessary to achieve this goal. The counsellor must know what training and which jobs are open to the handicapped and must be familiar with the medical/psychological aspects of his client's handicap and -- above all -- must bring a sensitive awareness of the individual's situation to the counselling sessions.

Collectively, the counsellor's role is immensely complex, obviously a job that requires special skills and a special counsellor-client relationship.

On the other hand, the handicapped person is dependent on his

counsellor and needs him for a longer time than an average student. Only with the specialized skills of a rehabilitation counsellor can the mentally and physically handicapped student move into the mainstream of college activity.

Basic Education/Developmental Communication

As with other disadvantaged people, the handicapped person often has need for special or remedial education, his basic skills may be faulty due to numerous learning difficulties. A full program which allows disabled students to rectify this problem through special learning laboratories must be an integral part of any supportive system. It is true that the disabled person may have low-level reading ability, limited vocabulary, poor speech construction and diction, and generally, an apathetic approach to learning. But often this is a result of an inadequate learning opportunity rather than an inate learning difficulty; studies have shown that, once the individual's handicap has been accurately assessed, remedial programs correlated with vocational goals can enable the student to quickly upgrade his basic skills. Consequently, enlightened educators are developing special curricula as well as encouraging the purchase of special learning devices which will help the handicapped student to increase his capacity to master basic skills.

Elimination of Physical Barriers

The old belief that a barrier-free architecture is unwarranted because it caters to the handicapped minority is no longer valid. This is clearly demonstrated in shopping centers -- where anyone can navigate from the parking lot through all the stores with complete ease. Schools must do for students what sales promotion men have done for the buying market -- provide barrier-free access to all primary focal points.

The A.I.A. defines "barrier-free" as a lack of obstacles so that buildings may be entered and used by all regardless of their physical condition. Specifically, the A.I.A. suggests that the following existing facilities cause problems for manv physically handicapped:

Walks -- width and slope often do not allow ease of navigation.

Parking Spaces -- often do not allow wheelchairs maneuverability.

Ramps -- surfacing and slope often are not designed for easy use.

Stairs -- projecting stair nosings often prevent stair use by knee-injured people.

Floor Surfacing -- often too slippery.

Mirrors -- are not mounted for wheelchair use.

Water Fountains -- too high for wheelchair use.

Public Telephones -- often unreachable by wheelchair users.

Controls -- mounting height of light switches, elevator buttons, etc. is often too high for the disabled.

Warning Signals -- often just visible and not audible.

Identification -- completely ignores the needs of the blind for raised numbers.

Doorways -- often not wide enough for wheelchair use.

Restrooms -- do not have ease of entry facilities or special hand bars in the stalls for the handicapped.

In Section III we will give the specific building standards required by today's legislation with an annotated bibliography for those who need more technical information. For our purpose, here, it is enough to recognize the special problems and to accept the need to provide barrier-free environments for handicapped students.

No student, today, should be denied a learning opportunity because physical access to the classroom is not possible.

Medical/Psychiatric Consultation

The handicapped student may suffer from a chronic illness or from sensory motor defects which are not clearly understood by his teachers or counsellors. These limitations may become evident to the sensitive teacher immediately or they may create learning problems which continue to baffle the instructor and to frustrate the student for months.

For instance, an arthritic student may have excessive absences due to limited mobility at unpredictable intervals. If the teacher is unaware of the cause of such absences, one course of action is indicated; however, if the counsellor has been able to consult the physician and then talk to the student's teacher, a plan for school/home study might allow the student to successfully complete his program.

The counsellor cannot be expert in all the numerous and varied medical problems of his students. It is for this reason that he needs to have expert medical consultation available, as a special resource. In fact, an exact comprehension of the student's medical difficulties is vital if the counsellor is to function adequately. Yet, often, the student is unwilling to view his handicap realistically and will, because of this distortion, mislead his instructor, his counsellor and himself.

Finding out the extent of the medical problem from an expert medical source can prevent hours of wasted effort in these cases.

Occasionally a student will have such complex psychological handicaps that the counsellor may wish the advice of a psychiatrist; in such cases, the counsellor and psychiatrist will discuss the situation and

determine the best method to help the student.

The counsellor can vastly extend his abilities to help the student by having expert consultation as a special resource. Hours of professional time and effort can be saved by the expedient use of such experts. The student frustration that can also be prevented is more difficult to measure but should be equally as important a consideration in planning medical consultations.

Work Experience and Placement

The purpose of vocational education is ultimately placement on a job and this is no less true for the handicapped than for any other student. If Vocational Education is to be meaningful to handicapped students, it must offer them an opportunity to experience work in their chosen fields well prior to graduation. Such work experience does two things:

a) it educates employers to the fact that handicapped persons are capable of doing the job required;

b) it reassures the student of his own ability to function satisfactorily in a work setting.

Work experience as a credit extension of the student's educational program has been initiated by many junior colleges with success; a special effort, however, is needed to encourage handicapped students to participate. Often they will avoid taking part in such work experience opportunities for fear of failure. Thus particular attention must be given to methods which will ensure the handicapped persons involvement in on-the-job training. In Section III we will discuss how these on-the-job training slots can be developed and which employers have existing programs for the handicapped.

CONCLUSION

This section has been concerned with the challenges presented to

Vocational Education by the handicapped. The view has been both general and specific. It has, however, been a view of the problem -- identifying the special needs and developing the unused talents of this group.

Recognizing (1) the handicapped's yearnings, ambitions and potential as being as great as any others, and (2) that the handicapped are not "freaks" with obtuse motivations, we can make the all-important first steps in giving them support and encouragement, early success experiences and the skills needed to cope with the inherent frustrations of the environment in which they live.

SECTION II

Establishing a Fact Base

The following section of this report deals specifically with documentation that was compiled from employer surveys, projected labor trends, and student surveys.

It was felt that the information solicited from these areas would serve as valuable inputs in the evaluation of existing programs and problems and further, would assist in future designing of programs to serve the handicapped in Vocational Education.

It should be noted that a major problem encountered throughout this study has been the limited information available in all areas relating to the handicapped. A great deal of pertinent data simply does not currently exist and this section must, as a result, be limited. Indeed, much research needs to be initiated to make planning for the vocational education of the handicapped a pragmatic business.

Within this limitation, we addressed ourselves first to what is happening to the handicapped in business. Business has traditionally considered tests as one good method of determining an applicant's qualifications for a particular job. The relevance of this traditional testing was first questioned in relation to the disadvantaged and more and more it is being questioned as it relates to the handicapped. Specifically, the Federal Government and the Civil Service Commission have approved an authority which permits agency personnel officers to substitute actual job performance for competitive testing.

They did this in recognition of the fact that the totally blind, the deaf or mute, for example, cannot compete fairly on tests designed

for the able-bodied. However, they may be able to pass the required tests by special examining procedures -- extra time, test readers for the blind, tape-recorded versions of the exam, etc. Such procedures, thus, might gain employment opportunities previously closed to them.

In 1969 the Civil Service Commission began a survey to determine the progress of individuals who were severely handicapped and who had entered Civil Service through this special appointing authority. Since time did not allow us to conduct a local business survey, we will include a report on this Civil Service Commission survey, Employment of the Severely Handicapped in the Federal Service.

> The Federal Government employs thousands of persons who may be described as "physically handicapped." However, the vast majority of these employees enter the Federal service through the regular, competitive processes. These highly-qualified individuals, operating from wheelchairs, working with artificial limbs, or with less apparent physical problems, neither seek nor require special considerations while on the job nor while applying for a job.
>
> Severely handicapped is another category altogether. People with severe or multiple impairments -- for example, the totally blind, or the deaf and mute -- cannot compete equitably in examinations designed for the able-bodied.

SURVEY FINDINGS

The 391 cases studied in this survey provided a good cross-sectional sampling of the Federal Government's activity in this field. Generally, the questionnaire revealed that:

- The authority has been well accepted and is being widely used by Federal agencies all over the country.

- The authority is providing continuing job opportunities for an appreciable number of severely handicapped people, more than half of them affected by multiple impairments.

- Appointments were made across a broad spectrum of job categories and salary levels.

- Job performances of the appointees were usually superior to those of nonhandicapped employees doing the same kind of work. More than a third of the appointees had received one or more promotions, and more than half were rated as being qualified for positions of greater responsibility.

- Hiring and retaining severely handicapped employees does not pose difficult or unusual problems for agency managers. Very little modification of work sites or job duties was needed to accomodate the appointees and their handicaps. In the majority of cases surveyed their pre-employment training was considered more than adequate.

- The Civil Service Commission was correct in its belief that a competitive examination, even with special procedures to compensate for physical impairments, is not always the best way to determine whether a severely handicapped applicant is able to handle a particular job.

- Severely handicapped men and women are fully capable of productive work in the Federal Government and need only an alternate, more realistic avenue of entry to these jobs.

- The strongest and most lasting methods of employment are those which treat all qualified applicants fairly -- which truly offer "equal opportunity." The Government's merit system is being and will continue to be strengthened by this special appointing authority for the severely handicapped.

A Statistical View

The following is a more detailed look at the data which were accumlated as a result of the survey:

Period covered -- February, 1964 (when authority was issued) through June 30, 1969.

Appointees -- 398

Agencies using the authority -- 25
Appointing installations -- 231

Scope:

Appointments have been made in each of the 50 States and in the District of Columbia (Appendix C). The leaders:

| | | |
|---|---|---|
| California | 47 | |
| New York | 42 | |
| D.C. | 36 | (excluding Virginia & Maryland suburbs) |
| Texas | 31 | |
| Illinois | 21 | |

Twenty-five of the larger agencies have made appointments at 231 different locations around the nation (Appendix B). The leaders:

| | | |
|---|---|---|
| Post Office | 95 | |
| Army | 66 | |
| Air Force | 36 | - tie |
| Navy | 36 | |
| VA | 32 | |
| Treasury | 31 | |

Characteristics

Age:

Most were young. 235 (60%) were under age 31. 78 (20%) are over age 40, and 31 (8%) are over age 50. The average age of the group was 30.3 years.

Veterans Preference:

Only 25 (6%) were veterans and they were almost equally divided between 10-point (compensable disability) and 5-point (no service-connected impairment) classifications.

Education:

73% have completed high school.
12% have had some college training.
10% are college graduates.
2% have had post-graduate college training.

Jobs to Which Appointed:

Appointments were made across the board in General Schedule (white collar), Wage Board, (blue collar), and Postal Field Service (blue collar) positions. General Schedule was predominant, accounting for more than 50% of the appointments -- to positions ranging from GS-1 Clerk to GS-13 Research Psychologist. The Wage Board appointments went from W-1 Laborer through W-16 Job Printer. Postal Field Service appointments covered a span from PFS-2 Custodial Laborer through PFS-5 Clerk-Carrier.

General Schedule (214 appointments)

GS-13 ----1
GS-12 ----1
GS-7 ----6
GS-5 ---16
GS-4 ---17
GS-3 ---46
GS-2 ---95
GS-1 ---32

Wage Board (88 appointments)

W-16 ----1
W-11 ----1
W-9 ----3
W-7 ----3
W-6 ----1
W-5 ---23
W-4 ---10
W-3 ---11
W-2 ---20
W-1 ---15

Postal Field Service (95 appointments)

PFS-5 ---47
PFS-4 ---24
PFS-3 ---20
PFS-2 --- 4

Job and Work-Site Modifications:

Very little job re-engineering or work-site changes were necessary to accomodate the severely handicapped employees. Checking the survey questionnaires, we find:

Physical Impairments:

More than one-third of the appointees were deaf or had severe hearing losses. Most of the deaf were also mute. Other disabilities commonly noted were; blindness, upper and lower body impairments, and amputations. More than half of the appointees had multiple (at least two and often more) impairments.

201 multiple handicaps (including deaf and mute)
149 deaf (including 15 with severe hearing losses)
103 lower body impairments (such as; lower back, hips, legs, feet)
79 blind (including 30 cases with severe visual impairments)
69 upper body impairments (such as; neck, spine, shoulder, arms, upper back)

In addition to blind, deaf, and amputation, the most frequently listed types of disability were:

Cerebral palsy -- 34
Poliomyelitis -- 28
Paraplegia and quadriplegia -- 12
Brain damage syndrome -- 7
Epilepsy -- 5
Others (congenital deformities, multiple sclerosis, muscular dystrophy, arthritis, cardiovascular conditions) -- 36

Mobility Aids:

Wheelchairs, crutches, and canes were cited as the principal mobility aids used by the appointees. 26 (6.5%) were confined to wheelchairs and required careful selective placement with regard to architectural barriers.

No guide dogs were used by any of the blind appointees, no doubt because of the increased emphasis on independent mobility training for the blind -- using the "white cane" rather than guide dogs.

Recruitment Sources:

Applicants were referred most often (in more than one-third of the cases) by State Offices of Vocational Rehabilitation. Other important sources were (listed in order of frequency):

"referred by a friend or relative."
"applied on his own."
"was on the register."
"referred by an IAB Selective Placement Specialist."

| | No Change | Some Change | No Answer |
|---|---|---|---|
| Job -- | 317 | 62 | 18 |
| Work-site -- | 336 | 44 | 17 |

These results indicate that, contrary to the general assumption, the severely handicapped do not usually, or even often, require major alterations in a job situation. When changes were made, they were such incidental things as installing a wheelchair ramp at a building entrance, rearranging desks and file cabinets to improve mobility and accessibility, etc.

Moving Up:

141 (36%) of the appointees had received one or more promotions since 1964. This 36% figure is respectable enough just as is, but it does not reflect the true picture. Over 100 of the appointees had been employed for less than a year at the time of the survey and were, therefore, not yet eligible for promotion.

130 of the 397 appointees had been separated. 58 of those were separated from their excepted appointments in order to allow them to move into career jobs, which they had won through competitive examination.

72 people leaving the program had been rated satisfactory or better. They resigned for the customary reasons -- "moving from the area," "to accept a job in private industry," "to return to school," etc. Only 5 of those separated were rated as unsatisfactory.

Supervisory Evaluation:

Appointees were rated by their supervisors on how well they followed directions, related to co-workers and to the supervisors themselves, and on general job performance. The ratings were given under the headings; "Excellent," "Normal," and "A Problem." They referred to two points in the employee's development - the first month on the job and the time of the survey.

The evaluations showed:

- Very few appointees were considered to be "a problem" under any of the criteria used.
- The overwhelming majority were rated "excellent" or "normal."

- There had been considerable improvement in all categories from the time of the initial appointment to the time of the survey -- and very few cases of regression.

Future Potential:

Supervisors described more than half of the appointees as showing definite promise for assignment to more responsible duties.

| | | |
|---|---|---|
| Yes | -- | 231 |
| No | -- | 137 |
| No Answer | -- | 29 |

In view of the healthy percentage of those already promoted, this favorable judgment on growth potential shows that these severely handicapped appointees have backgrounds of educational achievement which were not properly recognized by the low grade levels of the initial appointments. The severely handicapped, as a group, are underutilized, at least at the outset of their working careers.

Additional Help for Supervisors:

254 (64%) of the participating supervisors indicated they did not require any special assistance in placing and in supervising handicapped employees. The responses hinted that more information about the applicant was needed and that more help (initially and later) from State Vocational Rehabilitation Counselors would have been very useful.

Additional Pre-employment Needs:

In 244 instances, supervisors answered that the individual did not require any more pre-employment training than that which he brought to the job. In the other cases, work adjustment training and additional skill development were suggested most frequently.

Failure Prevention:

The survey questionnaire asked for an accounting of factors which led to those appointee dismissals which occurred. The following items were most often checked:

| | |
|---|---|
| Aspiration level of the employee | 10 |
| Home environment | 8 |
| Off-the-job problems | 5 |
| Knowledge of work rules | 5 |
| Pre-employment training | 5 |

The above listing represents multiple responses, since only 5 appointees were separated as being unsatisfactory.

Distribution of Appointees in
Relation to Job Categories

| Position Title | Handicapped Appointees | | |
|---|---|---|---|
| | Blind | Deaf | All Others |
| Accounting Technician | | | 1 |
| Accounts Maintenance Clerk | | | 1 |
| Administrative Clerk | | | 1 |
| Audio Duplicating Clerk | 1 | | |
| Auto Mechanic's Helper | | 1 | |
| Budget Analyst | | | 1 |
| Box Maker | | 2 | |
| Card Punch Operator | | 29 | 3 |
| Carpenter's Helper | 1 | | |
| Cartographic Aid | | | 1 |
| Clerical Assistant | 1 | | 2 |
| Clerk | 2 | 4 | 28 |
| Clerk-Carrier (Post Office) | | | 1 |
| Coding Clerk | | 5 | 1 |
| Computer Operator | 2 | 1 | 2 |
| Computer Programmer | 1 | | 1 |
| Correspondence Clerk | | | 1 |
| Custodial Laborer | 2 | 1 | 3 |
| Dictating Machine Transcriber | 2 | | 1 |
| Distribution Clerk (Post Office) | | 43 | 11 |
| Editorial Clerk | | 1 | 1 |
| Electrical Equipment Repairer | 1 | | 4 |
| Electrical Parts Assembler | 1 | | |
| Engineering Aid | | 1 | 2 |
| Engineering Draftsman | | | 3 |
| Film Assembler-Stripper's Helper | | 1 | |
| Fluid System Component Repairer | | | 1 |
| Food Service Worker | 1 | 3 | 2 |
| Gauge Checker's Helper | | | 1 |
| General Helper | | 3 | 2 |
| Grounds Maintenance Worker | | | 1 |

| | Blind | Deaf | All Others |
|---|---|---|---|
| Housekeeping Aid | 1 | 2 | |
| Identification Examiner | | | 2 |
| Illustrator Aid | | 1 | |
| Industrial Shop Helper | 2 | | |
| Information Receptionist | | | 1 |
| Instrument Mechanic | | | 1 |
| Janitor | | | 1 |
| Job Printer | | 1 | |
| Laboratory Helper | | | 1 |
| Laboratory Photographer | | 1 | |
| Laborer | 4 | 8 | 3 |
| Laundry Worker | 2 | 3 | |
| Library Technician | | 1 | |
| Loan Specialist | | | 1 |
| Mail & File Clerk | | 5 | 10 |
| Mail Handler (Post Office) | 5 | 13 | 11 |
| Mathematician | | 1 | |
| Messenger | | 1 | 3 |
| Microfilm Researcher | | | 1 |
| Motion Picture Film Inspector | | | 1 |
| Motor Vehicle Dispatcher | | | 3 |
| Museum Technician | | 2 | |
| Office Machine Operator | | 1 | 5 |
| Offset Press Operator | | 4 | |
| Ordinance Equipment Mechanic | | | 1 |
| Outpatient Service Clerk | | | 1 |
| Packer | 1 | | 2 |
| Painter | | | 1 |
| Personnel Staffing Specialist | | | 1 |
| Physical Science Aid | | | 3 |
| Physicist | | | 1 |
| Pipefitter's Helper | | | 1 |
| Program Assistant | | | 2 |
| Property & Equipment Inspector | | 1 | |
| Public Information Specialist | | 1 | 1 |
| Reproduction Equipment Operator | | 1 | |
| Research Psychologist | | | 1 |

| | Blind | Deaf | All Others |
|---|---|---|---|
| Scraper-Marker | | | 1 |
| Shade Maker | | | 1 |
| Sign Painter | | 1 | |
| Small Arms Inspector | | | 1 |
| Small Arms Repairer | 1 | | |
| Social Security Claims Representative | | | 1 |
| Staff Car Driver | | | 1 |
| Staffing Assistant | | | 1 |
| Stenographer | 2 | | |
| Storekeeper | | 2 | 2 |
| Supply Clerk | 1 | | 13 |
| Tax Examiner | 8 | | 1 |
| Taxpayer Service Representative | 7 | | 1 |
| Telephone Operator | | | 2 |
| Teletype Operator | | 3 | |
| Typist | | 4 | 12 |
| VA Contact Representative | | | 1 |
| Voucher Examiner | | 1 | 1 |
| Warehouseman | 1 | | 2 |
| X-Ray Film Processor | 7 | 1 | |
| Totals: | 57 | 154 | 176* |
| Grand Total: | | | 387** |

*22 of the visually handicapped appointees are included under "all others," since the visual impairment was a secondary handicap in those cases.

**This variation from the survey's total of 397 was caused by incomplete data on 10 of the forms.

## APPOINTEES BY AGENCY BY REGION

| AGENCY \ REGION | ATLANTA | BOSTON | CHICAGO | DALLAS | DENVER | NEW YORK | PHILA-DELPHIA | ST. LOUIS | SAN FRANCISCO | SEATTLE | DISTRICT OF COLUMBIA | AGENCY TOTALS NATIONWIDE: |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Agriculture | 1 | | 1 | 1 | 3 | | | 1 | 2 | 1 | 5 | 15 |
| Air Force | | | 1 | 9 | 4 | | | 3 | 15 | 4 | | 36 |
| Army | 18 | | 7 | 19 | 6 | 2 | 5 | | 4 | 1 | 4 | 66 |
| CSC | | | | | 1 | | | | | 1 | 4 | 6 |
| Commerce | | | | | 1 | | | | | | 6 | 7 |
| DOD | | | 2 | | | | | | | | | 2 |
| DOT | | 1 | | 3 | | | | | 1 | | | 5 |
| DSA | | | 1 | | 5 | | | | 8 | | 1 | 15 |
| GPO | | | | | 1 | | | | | | 3 | 4 |
| GSA | 1 | | | 1 | | 2 | | 1 | 1 | | | 6 |
| HEW | | | 3 | | | | 2 | | 5 | 1 | 4 | 15 |
| HUD | | | | | | 1 | | | | 1 | 1 | 3 |
| Interior | | 1 | | 1 | 3 | | | | | 1 | 3 | 9 |
| Labor | | | | | | | | | | | 2 | 2 |
| NASA | 1 | | 1 | | | | | | | | | 2 |
| Navy | 3 | 4 | 8 | 4 | | | 1 | | 8 | 2 | 6 | 36 |
| OEO | | | | | | 1 | | | | | 2 | 3 |
| POD | 3 | 2 | 22 | 11 | 1 | 35 | 7 | 10 | | 2 | 2 | 95 |
| Selective Service | | | | | 1 | | | | | | | 1 |
| SBA | | | | | 1 | | | | | | 1 | 2 |
| Smithsonian | | | | | | | | | | | 3 | 3 |
| State | | | | | | | | | | | 1 | 1 |
| Treasury | 3 | 2 | 1 | 6 | 1 | 5 | 3 | 1 | 2 | 2 | 5 | 31 |
| VA | 2 | 3 | 9 | 5 | 2 | 3 | | 2 | 4 | 1 | 1 | 32 |
| **TOTALS:** | **32** | **13** | **56** | **60** | **30** | **49** | **18** | **18** | **50** | **17** | **54** | **TOTAL OF ALL APPOINTMENTS 397** |

## APPOINTEES BY STATE

| REGION: | AT | BN | CH | DA | DE | NY | PH | St. L. | S. F. | SE | D. C. |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Ala. 13 | Conn. 1 | Ill. 21 | Ark. 3 | Ariz. 6 | N. J. 7 | Md. 6 | Iowa 2 | Calif. 47 | Alaska 2 | D. C. 36 |
| | Fla. 6 | Mass. 9 | Ind. 6 | La. 11 | Colo. 13 | N. Y. 42 | Pa. 8 | Minn. 6 | Nev. 3 | Idaho 1 | †Va. 2 |
| | Ga. 11 | N. H. 1 | Ken. 2 | Okla. 9 | *N.Mex. 2 | | Va. 3 | Mo. 5 | | Mont. 1 | †Md. 14 |
| | N. C. 1 | R. I. 2 | Mich. 9 | *N.Mex. 6 | Utah 9 | | W. Va. 1 | Neb. 1 | | Oreg. 2 | ‡Penn. 2 |
| | S. C. 1 | | Ohio 11 | Tex. 31 | | | | S. Dak. 4 | | Wash. 11 | |
| | | | Wisc. 7 | | | | | | | | |
| REGIONAL TOTALS: | 32 | 13 | 56 | 60 | 30 | 49 | 18 | 18 | 50 | 17 | 54 |

TOTAL NATIONWIDE: **397**

* *CSC Change of regional jurisdiction.*

† *Washington, D. C. Metropolitan Area*

‡ *CSC Central Office employees.*

A conservative estimate is that roughly 12 million people work in government service and about one fourth of these work for the Federal Government. This means that close to three million workers are employed by the Federal Government (and that is an extremely low estimate); of these 3,000,000, only 398 have been hired who are severely handicapped.

It is probably more than fair to presume that this same ratio extends throughout the private business sector because the Federal Government is traditionally more liberal in their hiring practices than private enterprises.

The survey noted that the majority of positions open to the severely handicapped were entry level, minimal skill jobs. For the vocational educator the message is obvious:

> Employment opportunities for the severely handicapped are extremely limited and often are in the "low skill" categories.

Does this mean that educators should encourage their disabled students to choose vocations in low skill areas? The answer is an unequivocal NO. Instead, institutions responsible for the vocational education of the handicapped must assume a task not often delegated to educators -- they must help coordinate the educational effort needed to encourage employers to hire handicapped students. In short schools must take a leadership role in opening up job opportunities both in the public and private sector for handicapped persons. Without the jobs, vocational education becomes an exercise in futility. When this happens to be directed at the handicapped, the consequences of failure can be a lifetime of bitterness, frustration and unemployment.

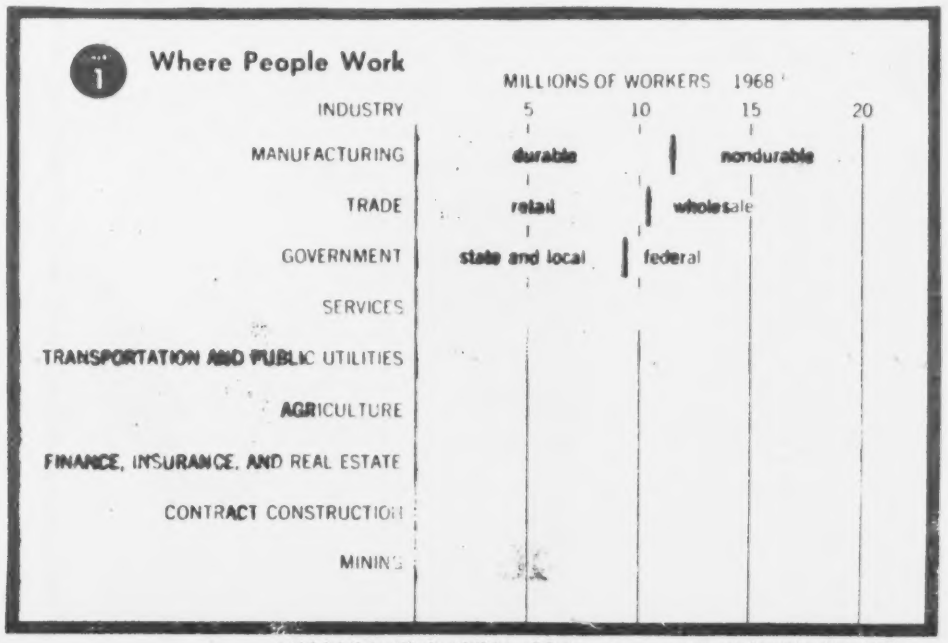
TOMORROW'S JOBS

Our second area of concern was labor trends and employment predictions. The vocational education system of any junior college is directly concerned with the student's career choices as well as the relevancy of the school's occupational curricula.

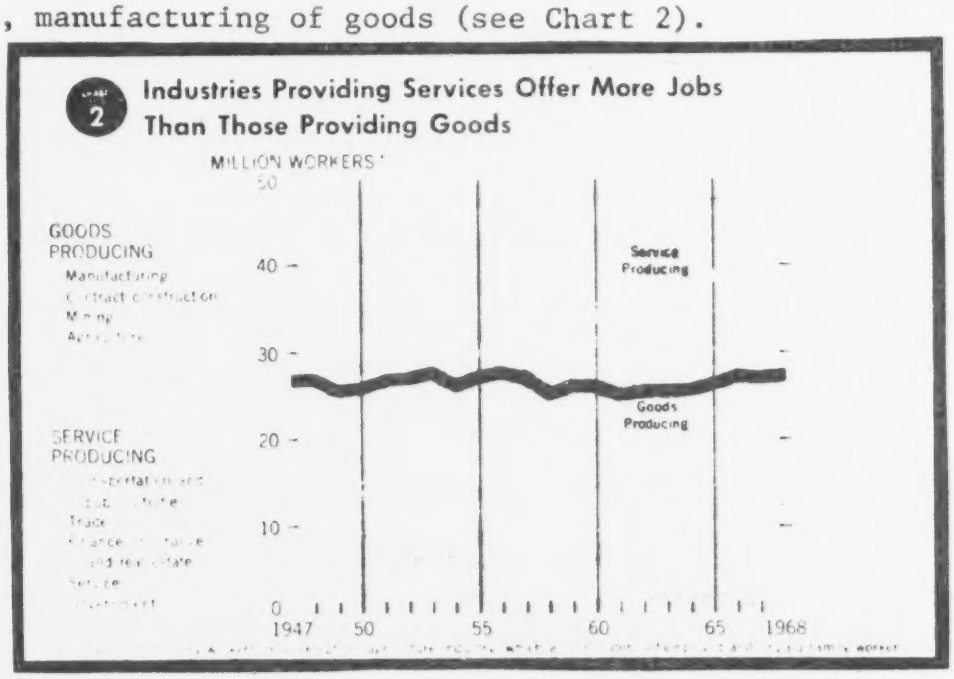
Since no one can accurately forecast the future, keeping occupational training relevant is a difficult task. This task can be simplified by looking closely at labor trends which indicate future work patterns. These trends can be described in broad terms which can be directly related to vocational curricula; and which should affect a student's career choice.

Since we contend that all occupational areas are open to the handicapped, we will try to throw light on the changing characteristics of occupations and to provide background for understanding the outlook in specific occupations. Generally we will focus on overall patterns of change in the country's industrial and occupational composition and the implications of these changes on education and training.

Understanding the world of work can be simplified by the following self-explanatory charts published by the United States Department of Labor, Bureau of Labor Statistics:

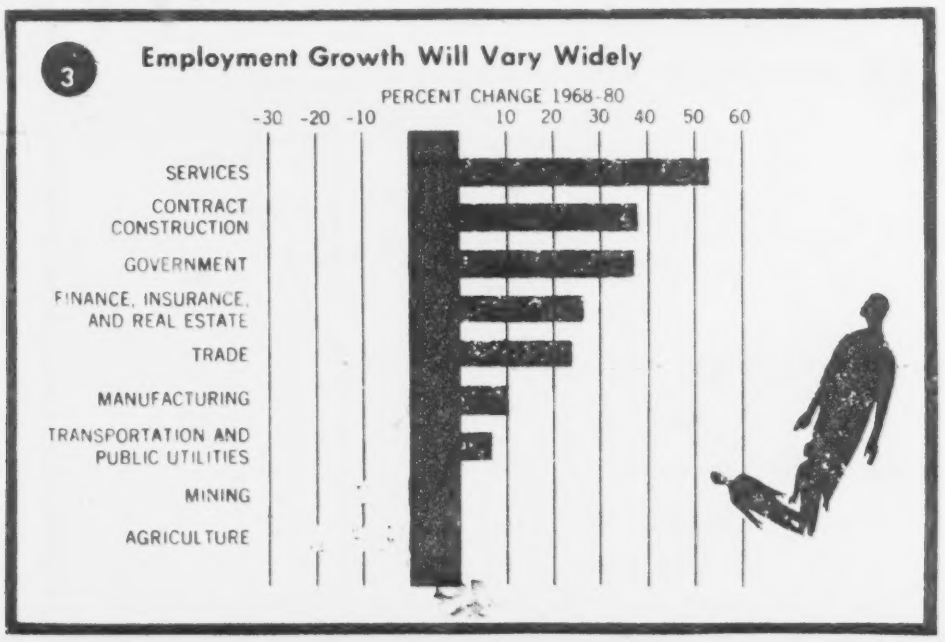


Industries are viewed as either goods producing or service producing (see Chart 1); industries which produce services such as education, health care, trade, repair and maintenance, transportation, government services, banking and insurance are expected to have faster job growth than industries which produce goods -- raising food crops, extracting minerals, manufacturing of goods (see Chart 2).

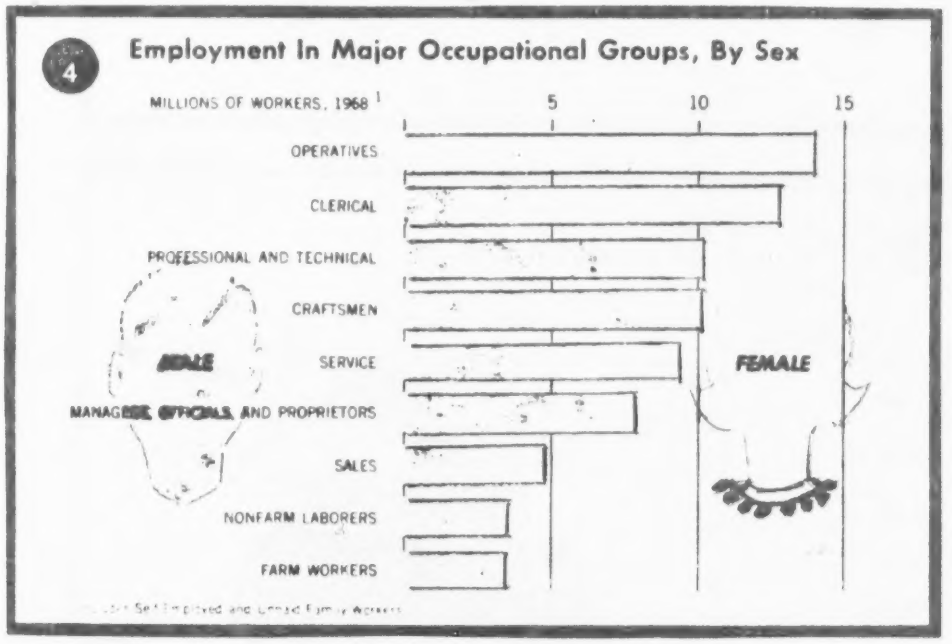



This simply means that more people than ever before will be needed to produce these services.

But even within the service production industries demand will vary widely as seen in Chart 3. Under the Services group fall such jobs as those in: health services, protective services, business services, auditing (accounting and data processing) and maintenance and repair.



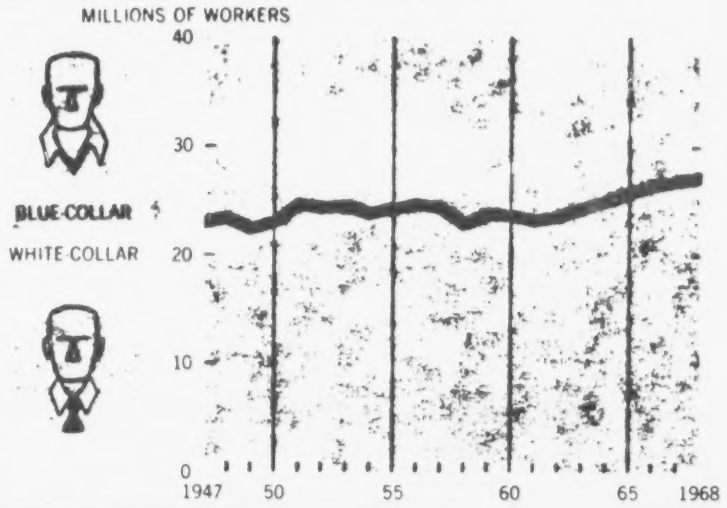
All of these industries provide numerous occupational choices; these occupations have been grouped into nine broad, general job areas which have similar characteristincs (see Chart 4). This chart also shows the number of people -- by sex -- who are currently employed in each of these broad job areas. Further on in this section we will give the specific job titles and projected growth in each of these occupational groups.




For now it is enough to recognize that occupational changes are inevitable, but that the informed counsellor can help his student become aware of occupational trends and their effect upon his future job choice. For instance, one of the most significant work force changes has been the shift toward white collar jobs. The Labor Department predicts a continued growth of white collar workers and a slower than average growth of blue collar workers (see Charts 5 and 6).

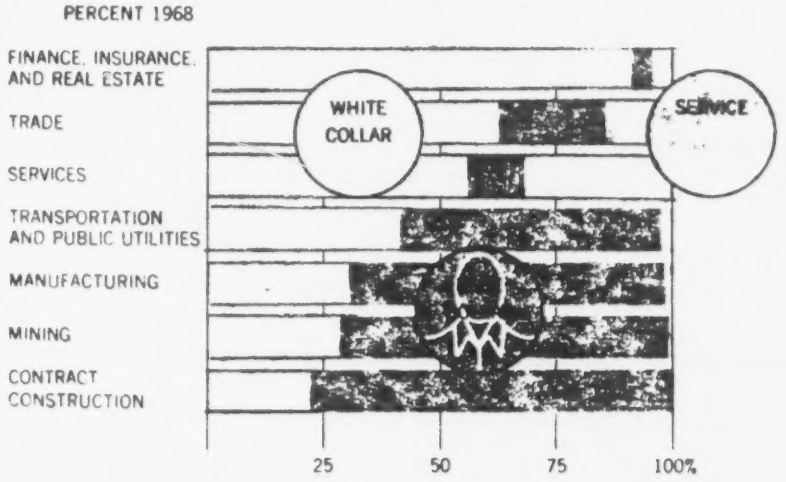
Thus, as shown in Chart 6, those industries which provide jobs for white collar workers and which show patterns of future rapid growth (as seen in Charts 2 and 3) are the industries most likely to hire the trained, skilled handicapped person.

## 5 Employment has Shifted Toward White-Collar Occupations

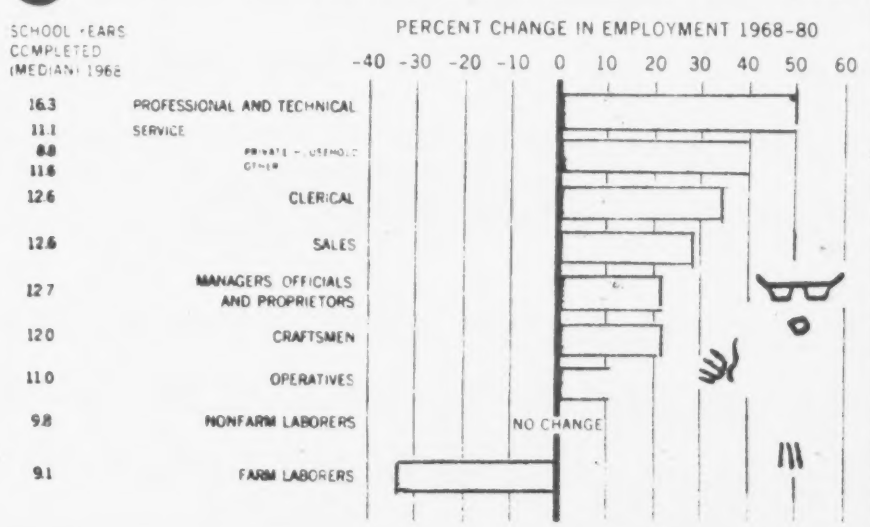



## 6 Industries Differ In The Kinds Of Workers They Employ

PERCENT 1968



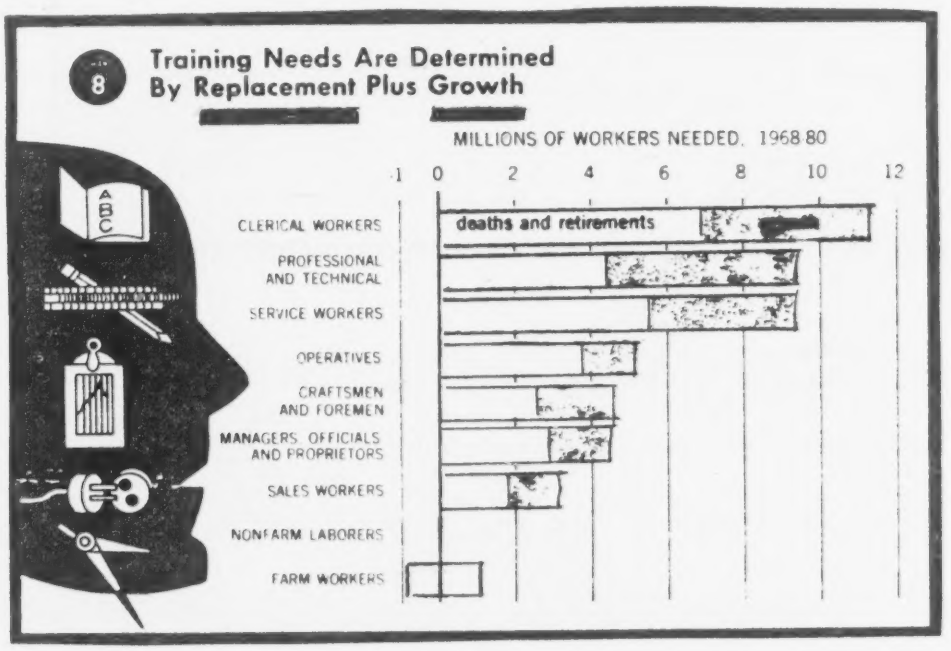

## 7 More Jobs Will Require Extensive Education and Training

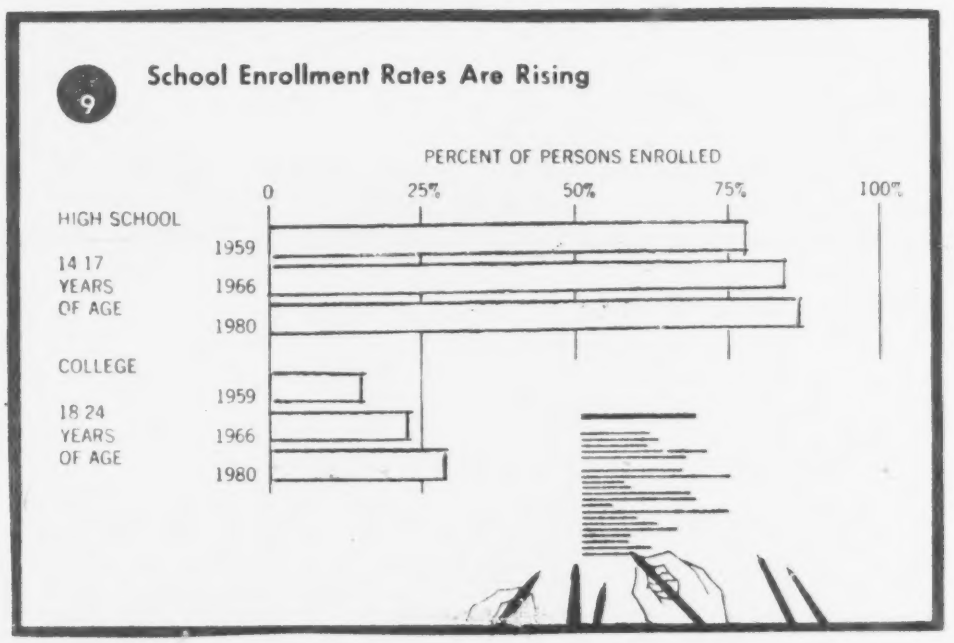


With this knowledge the rehabilitation counsellor can tell his student which industries will be most likely to hire him.

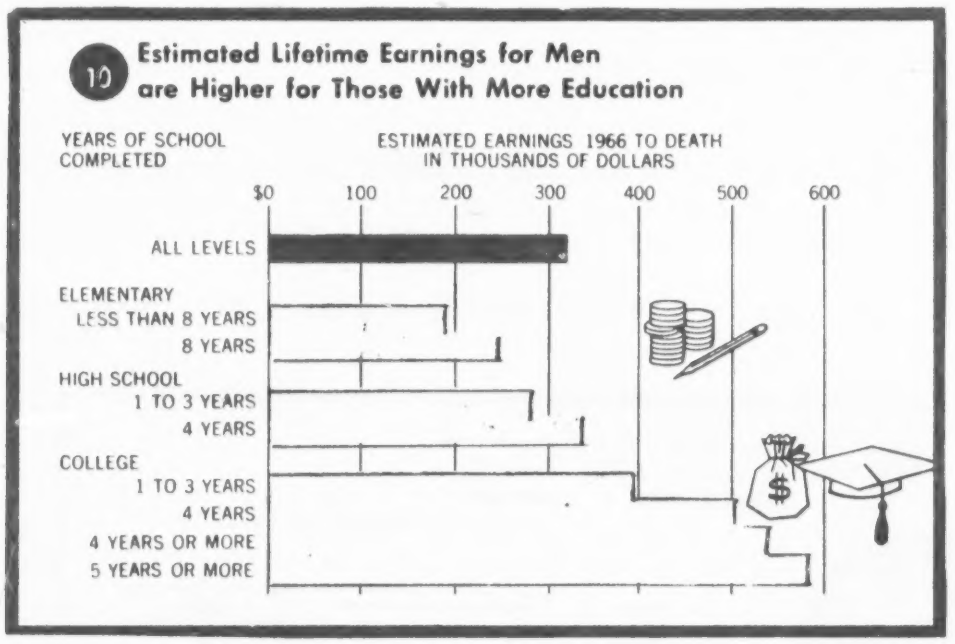
What specific jobs will be needed in these industries and what type of training will be required? Very simply -- more education will be needed than ever before (see Chart 7).

This is caused in part by the replacement and growth projections within certain occupations (see Chart 8) and in part by the fact that more people are attending school longer than ever before (see Chart 9).



This educational trend also can determine the amount of income an individual will make in his lifetime (see Chart 10). Educational factors, then, are vital in the future of any handicapped person.




In summary disabled people who have acquired a skill and better than a basic education will have more chance of interesting work, good wages and steady employment. Getting as much education and training as one's abilities and circumstances permit should, therefore, be a top priority for today's handicapped.

What specific jobs will be available? The following pages break down Chart 7 into job titles with projected figures. Let us look at the job titles in each of these broad areas because these are the jobs that students need to evaluate in terms of their interest as well as in terms of general labor trends.

## PROFESSIONAL AND MANAGERIAL OCCUPATIONS

### Scientific and Technical Occupations

Engineers--1968 Employment, 1.1 million; Annual Openings, 53,000.[1/] Very good employment opportunities through the 1970's in this, the largest field of professional employment for men. Especially strong demand for graduates who can apply engineering principles to the medical, biological, and other sciences and who have training in the latest engineering principles and techniques.

Chemists--1968 Employment, 130,000; Annual Openings, 8,800. Very good employment prospects, especially for those with advanced degrees to teach and do research. Very rapid growth in demand stemming from an increase in research and development work and rising demand for plastics, manmade fibers, drugs, fertilizers, high energy nuclear fuels, and other products of industries employing large numbers of chemists. Despite rise in number of chemistry graduates, demand probably will exceed supply.

Physicists--1968 Employment, 45,000; Annual Openings, 3,200. Favorable opportunities, especially for those having advanced degrees. Strong demand in teaching and research.

Life Scientists--1968 Employment, 170,000; Annual Openings, 9,900. Graduate degree holders will have very good opportunities, particularly in research related to medicine and environmental quality control. Bachelor's degree holders may be limited to positions as research assistants or technicians because the number of graduates is expected to increase very rapidly.

Mathematicians--1968 Employment, 65,000; Annual Openings, 4,600. Very rapidly growing field. Favorable opportunities, especially for graduate degree holders for teaching and research positions. The number of bachelor's degree holders will probably expand even more rapidly than jobs, so competition may intensify for entry positions.

Environmental Scientists--1968 Employment, 38,000 (geologists, 22,800; geophysicists, 6,800; meteorologists, 4,000; oceanographers, 5,200);

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1/ Annual Openings for all occupations includes jobs resulting from growth and deaths and retirements. Transfers to other fields of work are not reflected except where noted in the discussion of elementary and secondary school teachers.

Annual Openings, 1,800. Favorable opportunities, especially for advanced degree holders for research work. Oceanography will expand very rapidly.

Engineering and Science Technicians--1968 Employment, 620,000; Annual Openings, 31,000. Very good opportunities. Demand will be strongest for graduates of junior colleges and other schools providing post-secondary technician training programs. Industrial expansion and complexity of production and manufacturing processes in increasing demand.

Health Service Occupations

Physicians--1968 Employment, 295,000; Annual Openings, 20,000. Excellent opportunities. Limited capacity of medical schools will continue to restrict supply as demand increases steadily.

Dentists--1968 Employment, 100,000; Annual Openings, 4,900. Very good opportunities. Limited capacity of dental schools will continue to restrict employment growth.

Dental Hygienists--1968 Employment, 16,000; Annual Openings, 2,400. Very good outlook through the 1970's. Despite an anticipated rise in the number of graduates from schools of dental hygiene, the demand for hygienists is expected to be greater than the number of trained workers available for employment. Favorable outlook for part-time work.

Medical Laboratory Workers--1968 Employment, 100,000; Annual Openings, 12,800. Excellent employment opportunities through the 1970's. Demand will increase for laboratory services, as physicians increasingly depend upon laboratory tests for routine physical checkups as well as for the diagnosis and treatment of disease.

Registered Nurses--1968 Employment, 660,000; Annual Openings, 65,000. Very favorable opportunities as demand for nursing care continues to rise steadily. Excellent outlook for those with graduate education who qualify for positions in administration, teaching, public health, and research.

Radiologic Technologists--1968 Employment, 75,000; Annual Openings, 7,300. Very good prospects for part-time as well as full-time employment. Very rapid employment growth anticipated as the use of x-ray equipment expands in the diagnosis and treatment of disease.

Other Professional Occupations

Accountants--1968 Employment, 500,000; Annual Openings, 33,000. Excellent opportunities. Strongest demand for those with 4 years of college training. Employment will expand rapidly as accounting information is used more in business management. as businesses grow in size and complexity, and as accounting services are used more by small businesses.

Counselors--1968 Employment, 71,300; Annual Openings, 5,550 (school, vocational, and employment counselors). Excellent opportunities. A very rapid increase in requirements is expected, reflecting the continued strengthening of counseling services. Supply is very likely to continue to lag behind demand.

Elementary and Secondary School Teachers--1968 Employment, 2.2 million; Openings for growth and to replace those who die, retire, or transfer to other fields of work will average about 200,000 a year through the 1970's. If past trends continue in the study and work patterns of college students, the number of qualified elementary and secondary school teachers may significantly exceed the demand. As a result, young people seeking their first teaching assignment may find schools placing great emphasis on their academic work; some will have to find employment outside of teaching.

Programers--1968 Employment, 175,000; Annual Openings, 23,000. Very rapid increase in employment. The number of computer installations will rise as computers are put to new uses.

Social Scientists--1968 Employment: anthropologists, 3,000; economists, 31,000; geographers, 3,900; historians, 14,000; political scientists, 11,400; sociologists, 10,000. Favorable opportunities for those having a Ph.D. degree. In some fields bachelor's degree holders may have limited opportunities. Rising employment in all fields, in large part due to need for teachers as college enrollments rise.

Social Workers--1968 Employment, 160,000; Annual Openings, 16,700. Excellent opportunities, especially for those having master's degrees. Many part-time jobs for qualified and experienced women. Despite a rapid increase in the number of degrees awarded, the demand for social workers should continue to outpace supply.

Systems Analysts--1968 Employment, 150,000; Annual Openings, 27,000. Excellent opportunities in this very rapidly growing field as the application of computers expands to more and more fields of work.

## CLERICAL OCCUPATIONS

Bank Tellers--1968 Employment, 230,000; Annual Openings, 20,000. Very rapid employment increase as banks continue to expand services to the growing urban population. Increasing need for part-time tellers to serve peak banking hours.

Bookkeeping Workers--1968 Employment, 1,200,000; Annual Openings, 78,000. Moderate employment increase. Demand is expected to outpace laborsaving impact of office machines.

Cashiers--1968 Employment, 730,000; Annual Openings, 69,000. Very rapid employment increase expected through the 1970's. Numerous opportunities for part-time work.

Electronic Computer Operating Personnel--1968 Employment, 175,000; Annual Openings, 20,400. Employment of computer and auxiliary equipment operators is expected to increase very rapidly as computers are adapted to new uses.

Receptionists--1968 Employment, 240,000; Annual Openings, 30,000. Rapid increase in employment. Nevertheless, keen competition for young people because many older and experienced workers also seek this type of work. Unlikely to be affected by office automation because work is of a person-to-person nature.

Secretaries and Stenographers--1968 Employment, 2,650,000; Annual Openings, 237,000. Very good opportunities. Rapid growth is expected despite increasing use of dictating, duplicating, and other office machines.

Typists--1968 Employment, 700,000; Annual Openings, 63,000. Very good opportunities. Demand will be strongest for those able to do difficult work and for those who can combine typing with other office work.

## SALES OCCUPATIONS

Manufacturers' Salesmen--1968 Employment, 500,000; Annual Openings, 32,000. Very good opportunities, especially for those who are trained to sell technical products.

Retail Trade Salesworkers--1968 Employment, 2,800,000; Annual Openings, 150,000. Moderate increase in employment. Many opportunities for part-time work.

Wholesale Trade Salesworkers--1968 Employment, 530,000; Annual Openings, 25,200. Good opportunities for employment through the 1970's. Demand will be stimulated by an increase in business and specialized services offered by wholesale houses.

## SERVICE OCCUPATIONS

Building Custodians--1968 Employment, 1,100,000; Annual Openings, 80,000. Very favorable opportunities despite expected improvements in cleaning maintenance technology that will reduce the amount of time needed to perform tasks. Employment of custodians will increase moderately as an increasing number of apartments, hospitals, offices, recreational centers, and other buildings are constructed that require their services.

Cooks and Chefs--1968 Employment, 670,000; Annual Openings, 48,000. Excellent opportunities through the 1970's. Small establishments will offer most job opportunities for beginners.

Cosmetologists--1968 Employment, 475,000; Annual Openings, 38,000. Very good opportunities. Employment will rise rapidly because of the more frequent use of beauty salons resulting from population growth, rise in income levels, and the increased number of women taking jobs outside the home.

Licensed Practical Nurses--1968 Employment, 320,000; Annual Openings, 48,000. Employment opportunities will increase rapidly as they are utilized to a greater extent to provide nursing services.

Hospital Attendants--1968 Employment, 800,000; Annual Openings, 100,000. Very rapid rise in employment expected through the 1970's. Most openings will be in hospitals, but many will be in nursing and convalescent homes and other long-term care facilities.

Police Officers (municipal)--1968 Employment, 285,000; Annual Openings, 15,000. Very good opportunities. Cities will continue to increase the size of their police forces to meet the needs of a growing population.

## CRAFTSMEN

Carpenters--1968 Employment, 869,000; Annual Openings, 39,300. Moderate employment increase through the 1970's resulting from a large rise in construction activity, but growth will be limited by technological developments.

Plumbers and Pipefitters--1968 Employment, 330,000; Annual Openings 19,500. Rapid increase in employment through the 1970's as plumbing and heating work becomes more important in rising construction activity. Maintenance repair and modernization of existing plumbing and heating systems also will create many openings.

Appliance Servicemen--1968 Employment, 205,000; Annual Openings, 8,600. Moderate increase in employment. The number of household appliances in use will grow rapidly but appliances that are more durable and easier to repair will limit employment growth.

Automobile Mechanics--1968 Employment, 615,000; Annual Openings, 20,000. Moderate increase in employment related to an increasing number of automobiles and new features such as air-conditioning, power steering, power brakes, and devices that reduce exhaust fumes. Greater shop efficiency, however, will limit growth.

Business Machine Servicemen--1968 Employment, 115,000; Annual Openings, 8,500. Very favorable job opportunities especially for those who have good mechanical ability and knowledge of electricity and electronics.

Foremen--1968 Employment, 1,444,000; Annual Openings, 69,000. Moderate increase in employment. Rapid growth for construction foremen and for those in other nonmanufacturing industries.

## OPERATIVES

Local Truckdrivers--1968 Employment, 1,200,000; Annual Openings, 37,000. Moderate increase in employment expected because of an anticipated increase in the volume of freight as business activity rises.

Over-the-road Truckdrivers--1968 Employment, 640,000; Annual Openings, 21,600. Moderate employment increase resulting from substantial growth in intercity freight as commercial and industrial activity increases and industry continues to decentralize.

Assemblers--1968 Employment, 785,000; Annual Openings, 26,000. Slow increase in employment as technological developments hold down growth. Many replacements will be needed, however.

Gasoline Service Station Attendants--1968 Employment, 400,000; Annual Openings, 10,900. Moderate increase in employment resulting from growing consumption of gasoline and other service station products.

Welders and Oxygen Arc Cutters--1968 Employment, 480,000; Annual Openings, 23,000. Rapid increase in employment as a result of the favorable long-run outlook for the metalworking industries and the wider use of the welding processes.

In summation, these three charts tell the overall picture for the next ten and five year period both nationally and locally:

On a national scale the picture looks like this over the decade:

A.

| | 1969 | 1980 (est.) | Percentage change |
|---|---|---|---|
| Government | 12,200,000 | 16,600,000 | Up 36% |
| Services | 15,700,000 | 20,900,000 | Up 33% |
| Construction | 4,200,000 | 5,400,000 | Up 29% |
| Retail and wholesale trade | 17,200,000 | 20,300,000 | Up 18% |
| Finance, insurance, real estate | 3,900,000 | 4,600,000 | Up 18% |
| Manufacturing | 20,400,000 | 22,100,000 | Up 8% |
| Transportation, utilities | 4,600,000 | 4,900,000 | Up 7% |
| Mining | 660,000 | 580,000 | Down 12% |
| Farming | 4,000,000 | 3,200,000 | Down 20% |
| TOTAL JOBS IN U. S. | 82,860,000 | 98,580,000 | Up 19% |

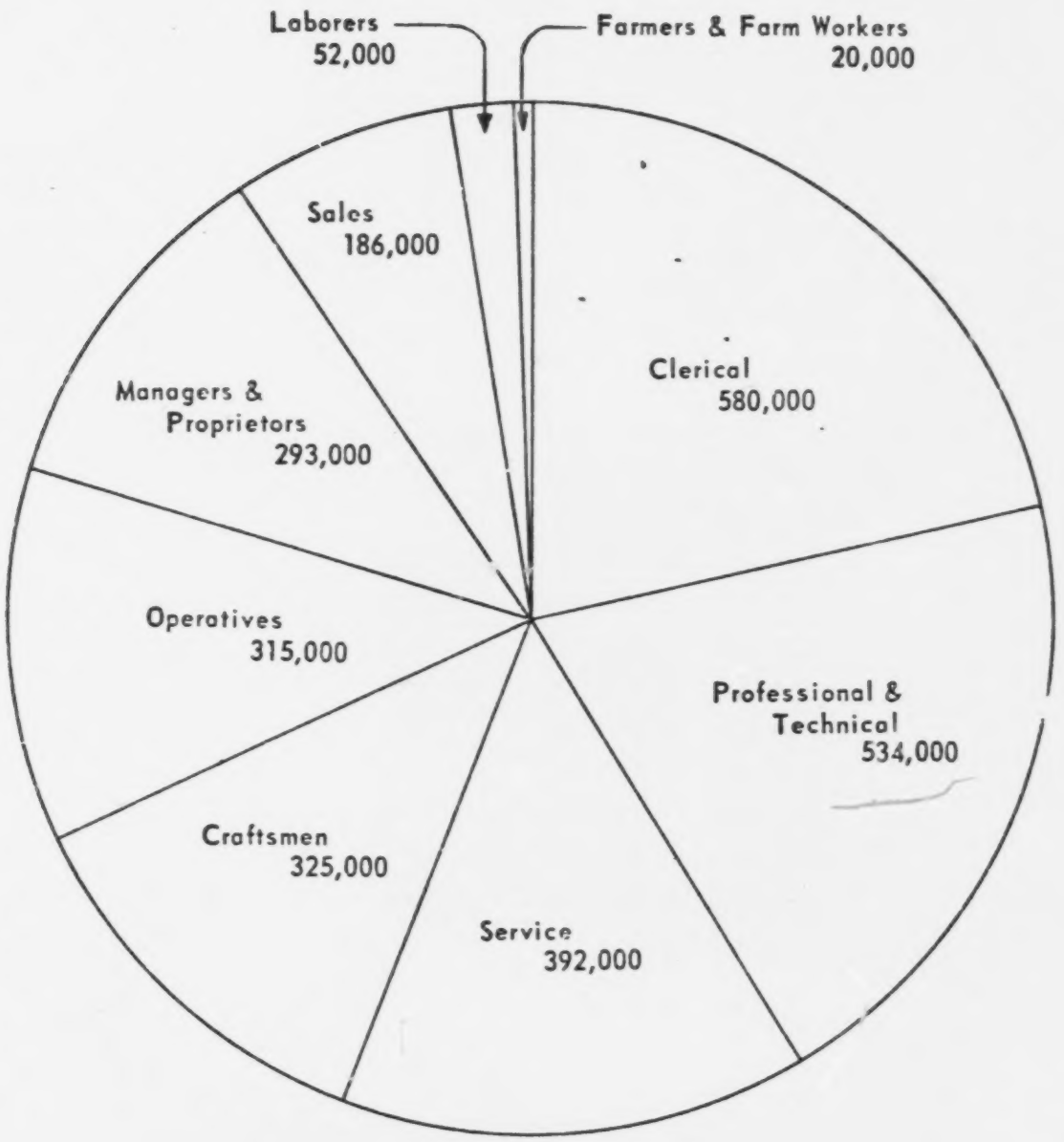
Source: 1969, U.S. Labor Dept.; 1980 data estimated by USS&WR Economic Unit.

On the local scene, the picture remains the same.

C.

## HOW 2.7 MILLION JOB OPPORTUNITIES WILL BE DISTRIBUTED AMONG THE MAJOR OCCUPATIONAL GROUPS

### MID-1968 TO MID-1975




Summary of Job Needs

Under the forecast assumptions, industrial expansion in the State over the seven-year period between mid-1968 and mid-1975 will create 1.4 million new jobs. In addition, another 1.3 million jobs will need to be filled to replace individuals who leave the California labor force during that period. Together, these two sources will result in a total of nearly 2.7 million job opportunities for persons who were not employed in California in mid-1968.

Within the next five years the employment market reflects these same general trends, as can be seen by this chart:

B.

| Job category | 1975 # in millions | % up or down by 1975 |
|---|---|---|
| Professional & Technical | 12.9 | up 3.4% |
| Clerical Workers | 14.8 | up 2.2% |
| Service Workers | 12.0 | up 1.6% |
| Sales Workers | 5.6 | no change same % |
| * * * * * * * * * | | |
| Managers, officials & Proprietors | 9.1 | down 3.0% |
| Craftsmen and Foremen | 29.7 | down 2.5% |
| Operatives | 14.7 | down 1.3% |
| Non Farm Laborers | 3.6 | down 1.3% |
| Farm Workers | 3.2 | down 4.1% |

As American industries grow larger, more mechanized and more complex, fundamental changes will take place in the nation's occupational structure. Furthermore, occupations are becoming more specialized. This results in more than 21,000 occupational choices for individuals who are planning their careers. The numbers alone make a choice difficult.

What it Means

For the handicapped, the trend indicates a need for more education of a specialized nature or a professional career if he is to try and compete with the able-bodied. For vocational educators the message is again quite clear; curricula, counselling, and guidance should reflect the changing labor patterns as these patterns project the future employment needs of the country. Again we come back to the fact that the ultimate goal of vocational education is evidenced in training which ends in employment for the student.

LACC SURVEY

Our third area of concern was the identification of handicapped students on one campus. Three approaches were used to determine the number of handicapped students at LACC and their handicaps.

1. A survey was sent to all students identified by various campus departments as physically or mentally handicapped.
2. The department of Vocational Rehabilitation was requested to supply a full listing of their clients who are attending LACC.
3. Secondary schools for the handicapped were identified by type of training and geographic location to determine the likelihood of their being "feeder schools".

All of this information, though helpful, is not as accurate as it could be under the proposed computerized identification system currently being studied by LACC. The initiation of this system would greatly facilitate future program planning for the handicapped on this campus.

1. Campus Survey

In 1970,78 students were identified as handicapped through the use of (a) the school medical records, (b) referrals by teachers and students, (c) self-identification using a random survey form (see appendix) and (d) referrals from the Department of Vocational Rehabilitation. Although limited the survey gives some insights into the problem on campus. At that time 32 majors were represented by the students.

| Major | # of students | Major | # of students |
|---|---|---|---|
| Undecided | 6 | Nursery School | 3 |
| Accounting | 8 | Nursing, AA Degree | 2 |
| Commercial | 2 | Occupational Therapy Assisting | 5 |
| Design | 1 | Ophthalmic Optics | 2 |
| Painting | 1 | Photography | 2 |
| Broadcasting Tech. | 1 | Police Science | 1 |
| Bus. Data Processing | 5 | Radio Broadcasting | 1 |
| Business-General | 1 | Radiologic Technology | 3 |
| Civil Engineering & Surveying | 1 | Secretarial Science - Legal | 1 |
| Computer Tech. | 2 | Secretarial Science - General | 2 |
| Dental Assisting | 1 | Theater Arts | 1 |
| Dental Lab. Tech. | 12 | Theater Arts - Acting | 1 |
| Economics | 1 | Theater Arts - Stage Management | 1 |
| Journalism | 1 | Transportation | 5 |
| Management | 1 | | |
| Mental Health Worker | 1 | | |
| Merchandising | 1 | | |
| Music - General | 2 | | |

These students had the following handicapping conditions:

| | |
|---|---|
| Mentally Retarded | 0 |
| Hard of Hearing | 6 |
| Deaf | 1 |
| Speech Impaired | 4 |
| Visually Impaired | 6 |
| Blind | 2 |
| Emotionally Disturbed | 3 |
| Crippled | 9 |
| Other Medical Problems (usually internal) | 16 |
| Handicap not specified, but Student checked Handicap on Survey | 6 |
| Unstated from Dept. of Rehab. | 25 |

In 1971 a follow-up letter sent to the 117 students who held elevator keys elicited 62 responses from handicapped students (see appendix) who state a need for better services on campus. One fact recurred in this survey: students do not feel comfortable in using the campus health service; this should not reflect on the quality of service being offered but rather on the student's lack of ease in, and trust of, this service. It should be noted that this problem has become evident in many campus health services and has been combatted in several by the use of student aides.

Because not all of the handicapped students responded to a direct inquiry, an effort was made to identify them through the services they were using other than medical, parking and elevator key lists which had already been tabulated.

Since the career guidance center has a trained rehabilitation counsellor on staff, she was asked to keep track of the number of handicapped students who came in for special vocational counselling. As of the early spring (about six months of operation) approximately 10% of all students seeking career guidance were physically handicapped.

It should be obvious at this point that the campus identification of handicapped students is neither efficient nor effective. Rough figures would allow for at least 200 handicapped persons on campus -- but these figures can hardly be considered satisfactorily valid for planning Vocational Education programs.

2. Vocational Rehabilitation Survey

The Department of Vocational Rehabilitation has a number of offices

all sending students to various education institutions. It was discovered that the main referral source for LACC students comes from the downtown Los Angeles office, which was able to supply a list of their clients who attend LACC. According to this tally, 53 Vocational Rehabilitation clients were LACC students.

It was learned that the difficulty in identifying Vocational Rehabilitation clients stemmed from an unofficial belief that the client enrolled in junior college really did not need the continued follow-up support clients not enrolled in school required; a result is the Vocational Rehabilitation counsellor often has little, if any, contact once the student starts school, and therefore records are often not current.

3. Feeder Schools

Again the identification process was not fully satisfactory; however, thanks to the fine maps provided by the Los Angeles Unified School District's Special Education branch a start was made.

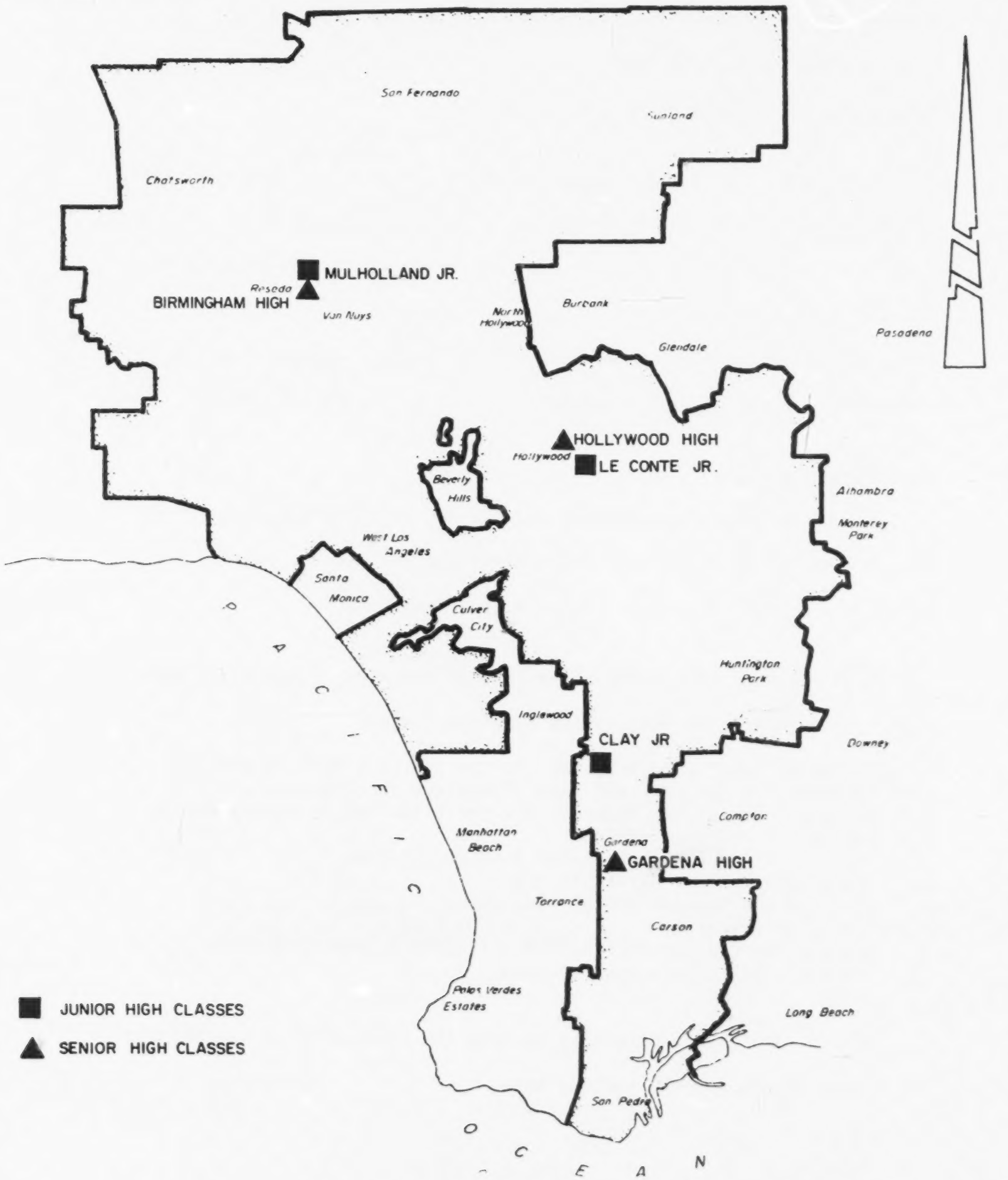
The following maps indicate the locale and type of handicap dealt with by the school, as well as the services listed:

1. Secondary Integrated Programs for the Deaf and Hard of Hearing
2. Programs for the Deaf and Hard of Hearing (non-Integrated)
3. Secondary Integrated Programs for the Blind and Partially Seeing
4. Speech and Hearing Service
5. Orthopedically or other Health Impaired Classes
6. Health Centers and Maternity Homes
7. Hospital and Medical Center Classes
8. Teleclass Centers
9. Special Day Classes for the Educationally Handicapped
10. Educationally Handicapped Classes

We have included a directory to help the counsellor in identifying the schools listed on the various maps.

# SECONDARY INTEGRATED PROGRAMS FOR THE DEAF AND HARD OF HEARING

MAP 1.



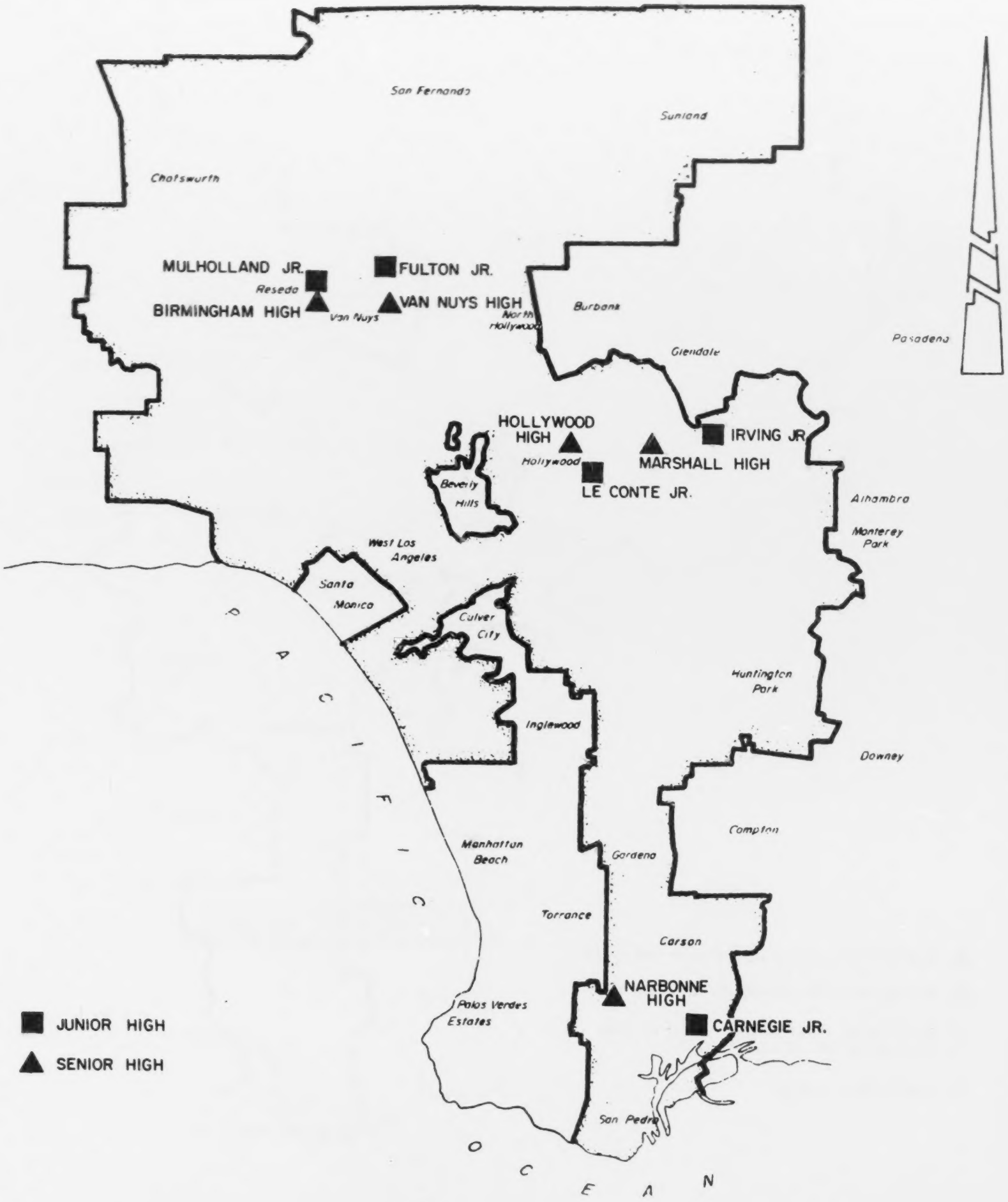
# PROGRAMS FOR THE DEAF AND HARD OF HEARING

## Elementary and Secondary

MAP 2.

# SECONDARY INTEGRATED PROGRAMS FOR THE BLIND AND PARTIALLY SEEING

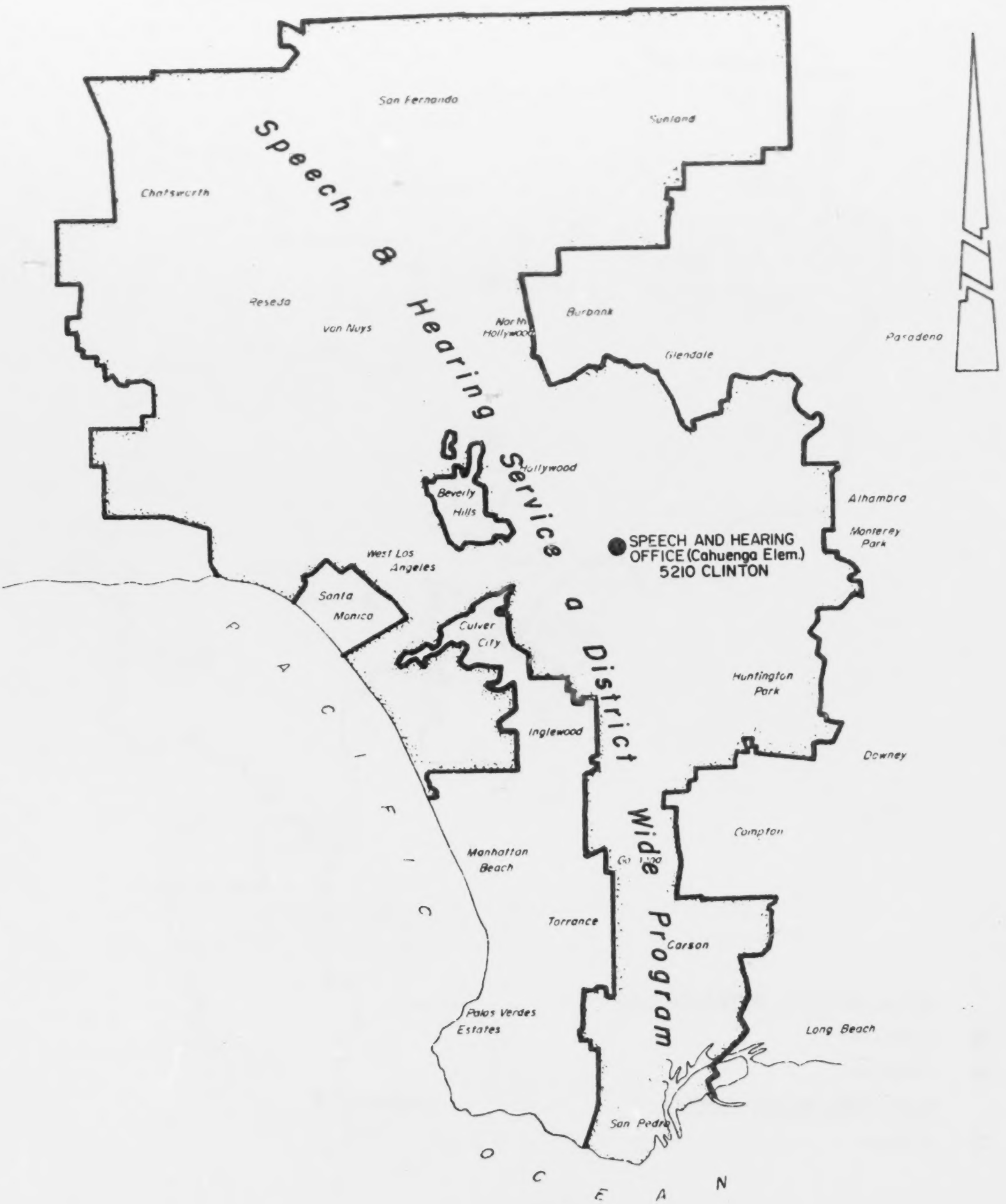
MAP 3.



# SPEECH AND HEARING SERVICE

## Elementary and Secondary

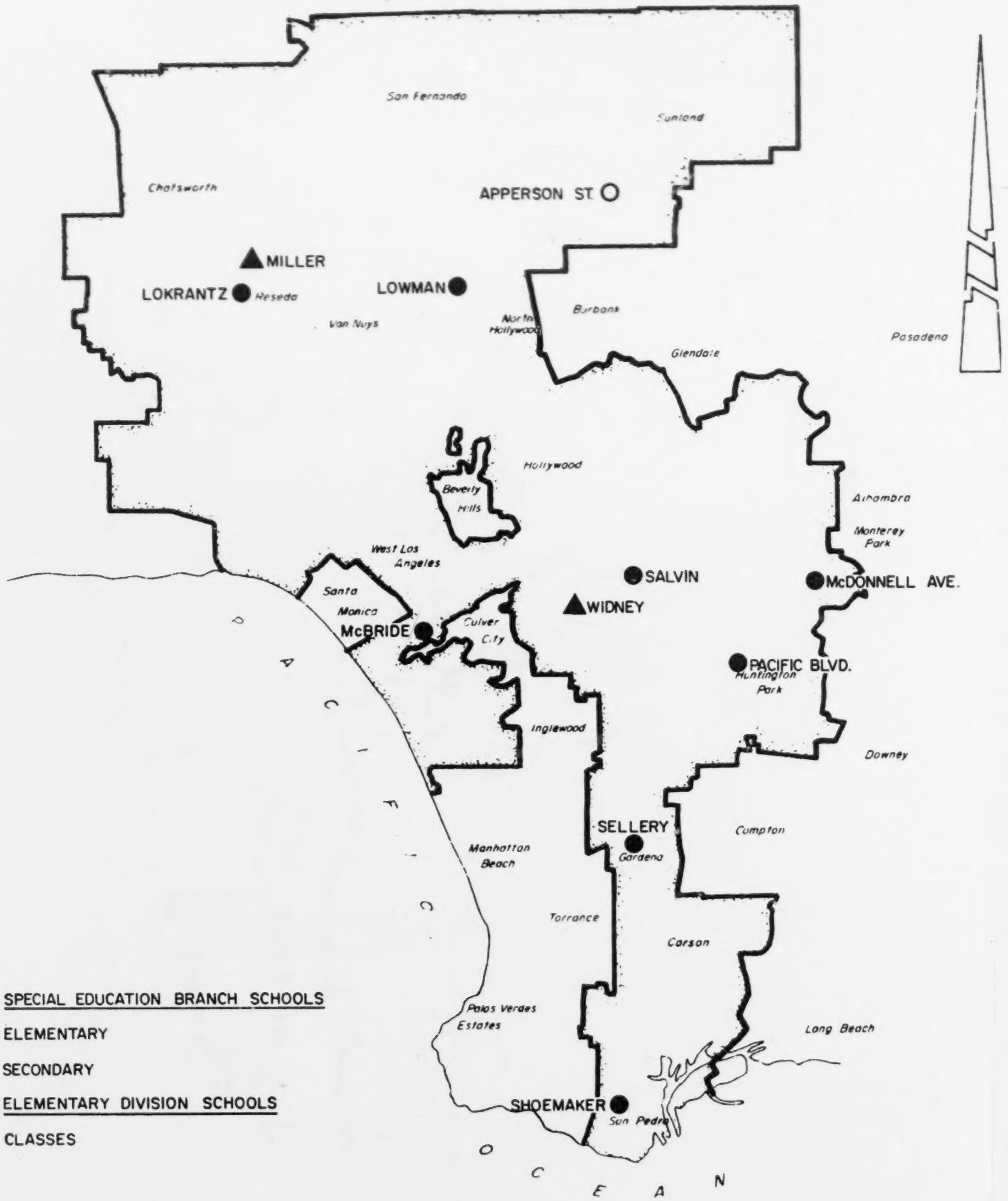
MAP 4.



# ORTHOPEDICALLY OR OTHER HEALTH IMPAIRED CLASSES

## Elementary and Secondary

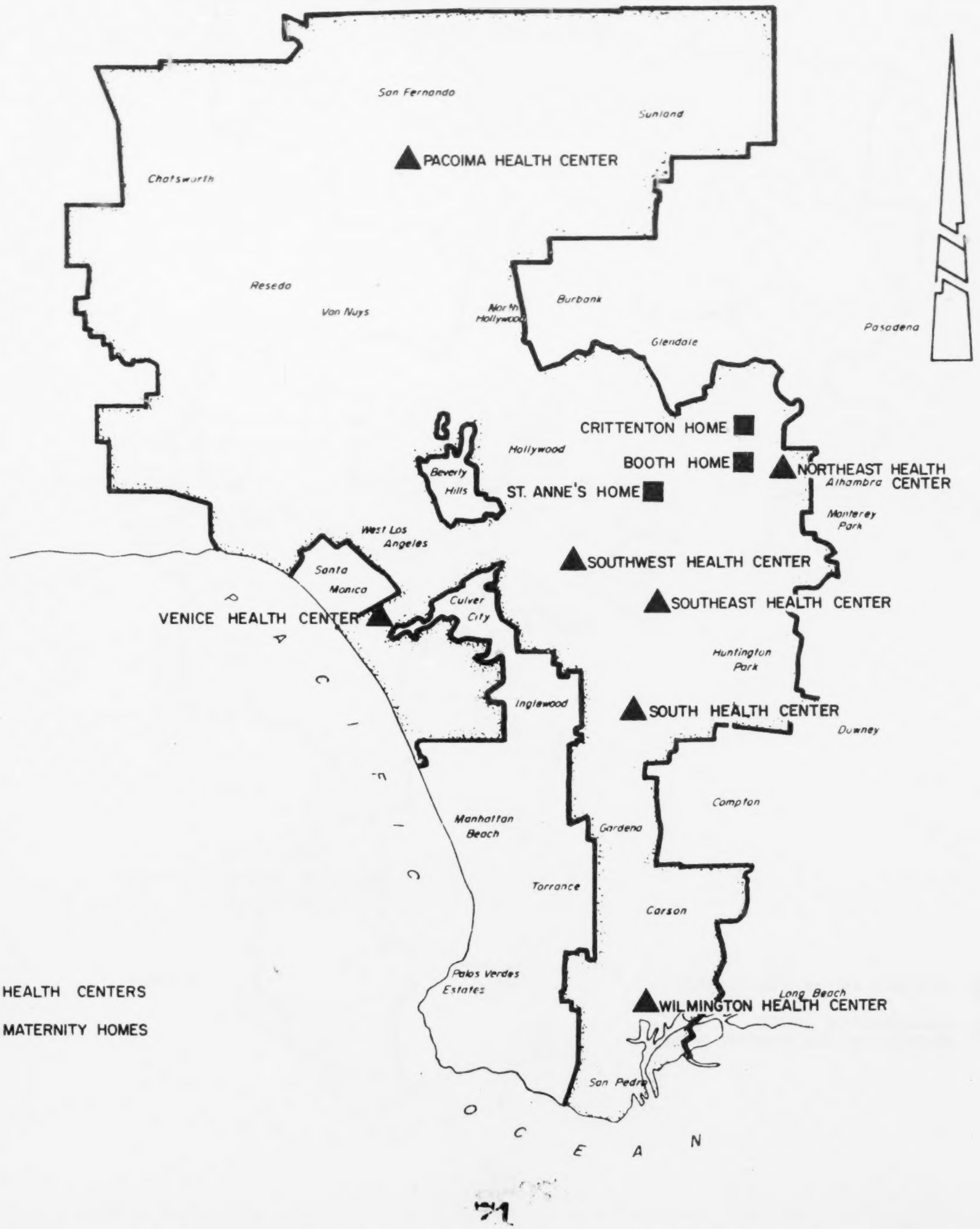
MAP 5.



# HEALTH CENTERS AND MATERNITY HOMES

## Served By Widney High School

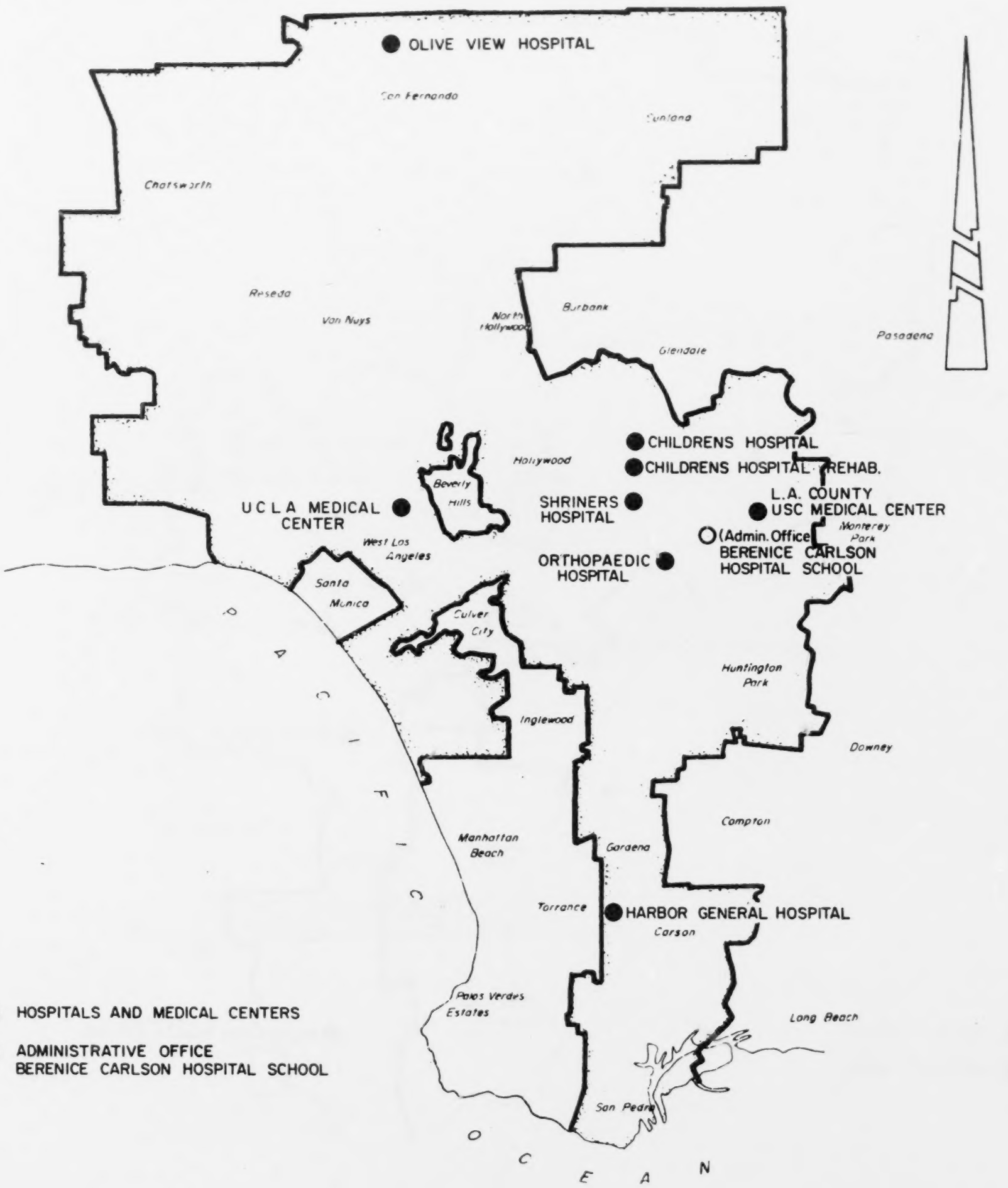
MAP 6.



# HOSPITAL AND MEDICAL CENTER CLASSES

## Served By Berenice Carlson Hospital School

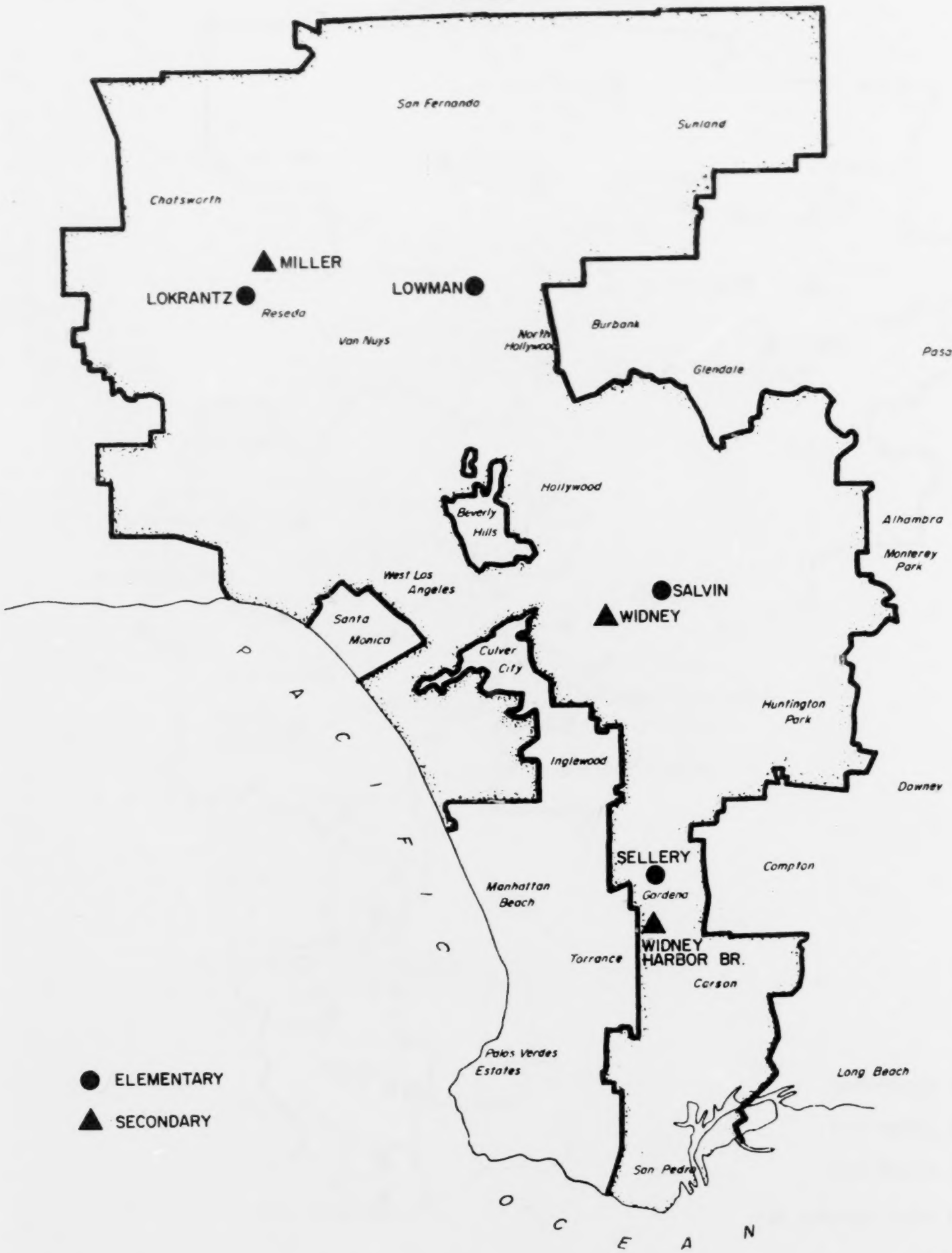
MAP 7.



# TELECLASS CENTERS

## Elementary and Secondary

MAP 8.

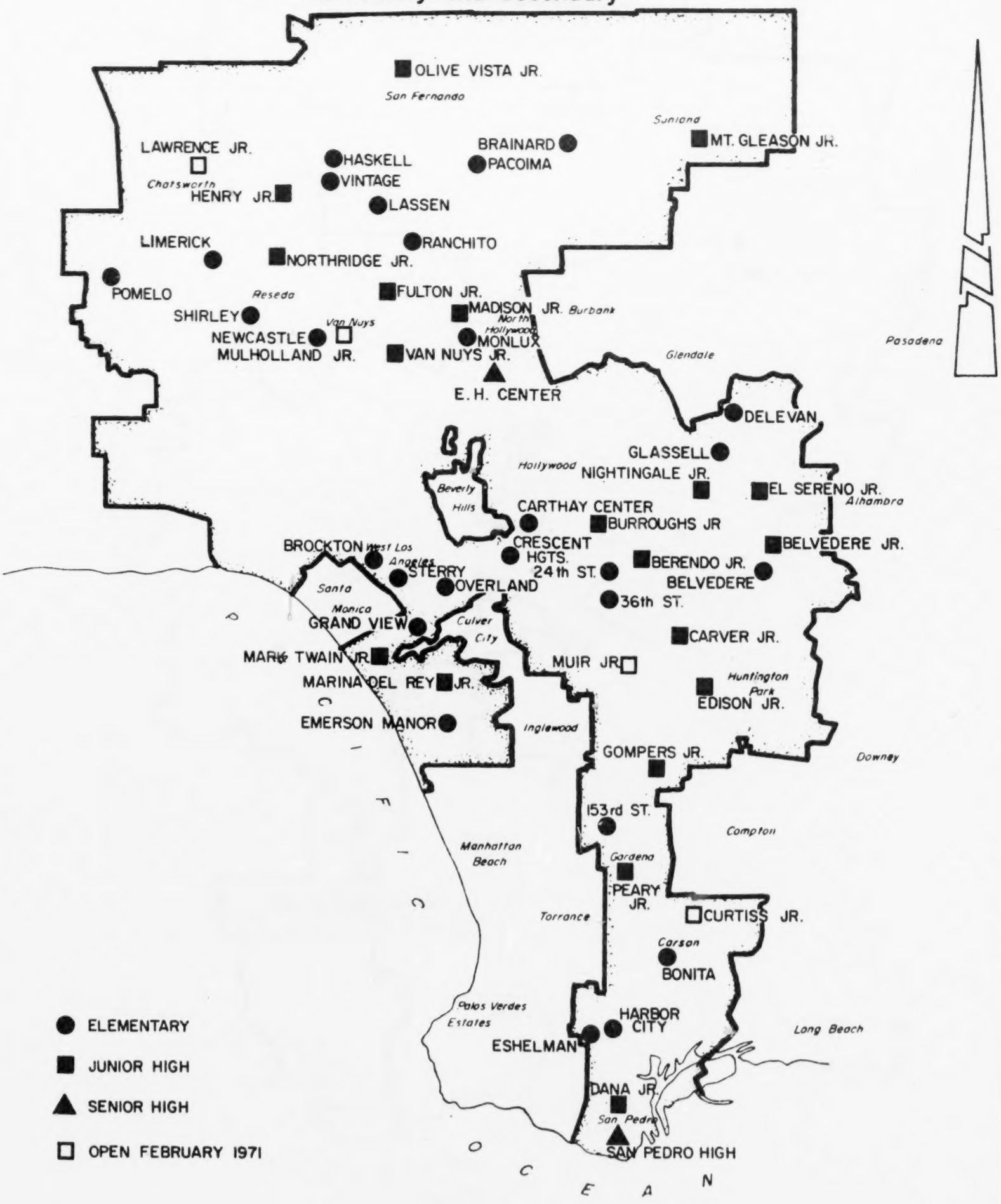


MAP 9.

# SPECIAL DAY CLASSES FOR THE EDUCATIONALLY HANDICAPPED

## (Located in Regular Schools)

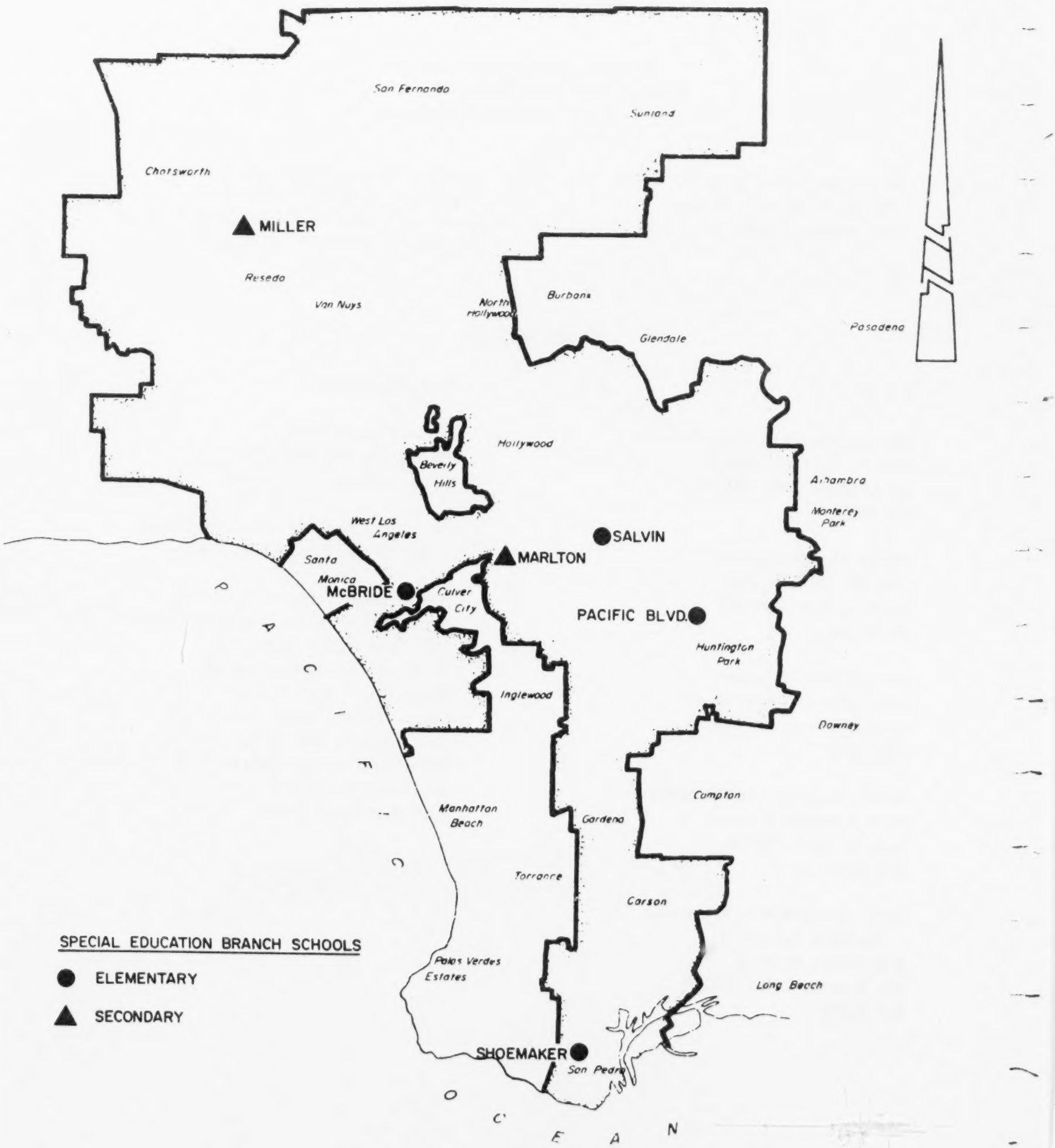
## Elementary and Secondary



MAP 10.

# EDUCATIONALLY HANDICAPPED CLASSES

## Elementary and Secondary



# DIRECTORY

**SPECIAL EDUCATION BRANCH**
**EDUCATION AND SERVICE FACILITIES**
Office of the Deputy Superintendent

Los Angeles City School Districts
450 North Grand Avenue
Los Angeles, California 90054

Ernest P. Willenberg, Ed. D., Director
Telephone: 625-8911, Ext. 2775
Dorothy B. Carr, Ed. D., Assistant Director
Telephone: 625-8911, Ext. 2778

## SECONDARY

### Schools

Widney, Joseph P. (Handicapped)
2302 S. Gramercy Place
Los Angeles, Calif. 90018
731-8633

Harbor Branch (Widney)
1301 W. 182nd Street
Gardena, Calif. 90247
323-0282

Marlton School (Deaf)
4000 Santo Thomas Drive
Los Angeles, Calif. 90008
296-7410

Miller, Joaquin (Handicapped)
8218 Vanalden Avenue
Reseda, Calif. 91335
345-5955

Ninth Street School (Trainable Mentally Retarded)
820 Towne Avenue
Los Angeles, Calif. 90021
627-5488

### Tele-Class Centers

Widney High School
Harbor Branch (Widney)
Joaquin Miller High School

### Health Centers and Maternity Homes Served by Widney High School

Booth, Maud (Maternity Home)
Crittenton, Frances (Maternity Home)
Northeast Health Center
St. Anne's (Maternity Home)
South East Health Center
South Health Center
Southwest Health Center
Wilmington Health Center
Venice Health Center
Pacoima Health Center

## OTHER CLASSES AND CENTERS

**Educationally Handicapped Classes**

McBride School
Pacific Boulevard School
Salvin School
Shoemaker School
(Four classes in Elementary Schools)
Marlton
Miller

**Trainable Mentally Retarded Schools and Centers**

Banneker School
East Valley School
Lokrantz School (Valley State Special Education Center)
Lowman School
McBride School
McDonnell Avenue School
Pacific Boulevard School
Salvin School
Sellery School
Shoemaker School
Ninth Street School

**Cooperating Workshops**

Crippled Children's Society of L.A. County
2500 S. Hope Street
Los Angeles, Calif. 90028
464-7201

Crippled Children's Society of L.A. County
6530 Winnetka
Woodland Hills, Calif. 91364
346-9260

Goodwill Industries of Southern California
342 San Fernando Road
Los Angeles, Calif. 90031
223-1211

**Development Centers for Handicapped Minors**

Lowman School Center
765-0310

105th Street Center (Branch of Sellery School)
756-8910

**Pre-School Deaf & Hard of Hearing Centers**

Salvin School
Lokrantz School

**Berenice Carlson Hospital School**
625-8911, Ext. 2794

Children's Hospital
Children's Hospital Rehabilitation Center
Harbor General Hospital
Los Angeles County/USC Medical Center
Olive View Sanitarium
Orthopaedic Hospital
Shriners Hospital
U.C.L.A. Medical Center

## OFFICES

Deaf & Hard of Hearing
Office: 450 North Grand Avenue
Maurice V. Moriarty, Coordinator
Principal, Berenice Carlson Hospital School
Telephone: 625-8911, Ext. 2788

Blind & Partially Seeing
Office: 450 North Grand Avenue
Ralph Salaway, Supervisor
Telephone: 625-8911, Ext. 2871

Speech & Hearing
Office: 5210 Clinton Street
Esther Herbert, Supervisor
Telephone: 469-1189

Student Rehabilitation and
Occupational Training
Office: 450 North Grand Avenue
Morris E. Hay, Supervisor
Telephone: 625-8911, Ext. 2781

Remedial Physical Education
Office: 450 North Grand Avenue
Lyonel Avance, Project Coordinator
Telephone: 625-8911, Ext. 2095

Educationally Handicapped
Office: 450 North Grand Avenue
Eugene R. Greenfield, Specialist
Telephone: 625-8911, Ext. 2754

Trainable Mentally Retarded and
Development Centers for
Handicapped Minors
Office: 450 North Grand Avenue
William E. Starr, Supervisor
625-8911, Ext. 2791

Orthopedically Handicapped or Other
Health Impaired
Office: 936 Yale Street
Mrs. Marjorie Huserik, Coordinator
Telephone: 625-8911, Ext. 2794

Driver Training
Office: 450 North Grand Avenue
Joseph Reynolds, Specialist
Telephone: 625-8911, Ext. 2761

Psychological Services
Office: 450 North Grand Avenue
Stella Cable, Coordinator
Telephone: 625-8911, Ext. 2874

Specially Funded Programs
Office: 450 North Grand Avenue
Patrick Estes, Coordinator
Telephone: 625-8911, Ext. 2784

Special Education Personnel
Office: 450 North Grand Avenue
Marjorie C. Gage, Specialist
Telephone: 625-8911

The Doubly Handicapped

The number of handicapped students who are also from minority groups should be carefully evaluated in any vocational education program, as these students are doubly handicapped. That this number is substantial is indicated by the following charts, again from the L.A . Unified School District's Special Education branch.

CHART 1

LOS ANGELES UNIFIED SCHOOL DISTRICT
SPECIAL EDUCATION BRANCH

SPECIAL EDUCATION BRANCH PUPILS
DISTRIBUTED BY ETHNIC GROUP
(EXCLUDING SPEECH)
MAY, 1968

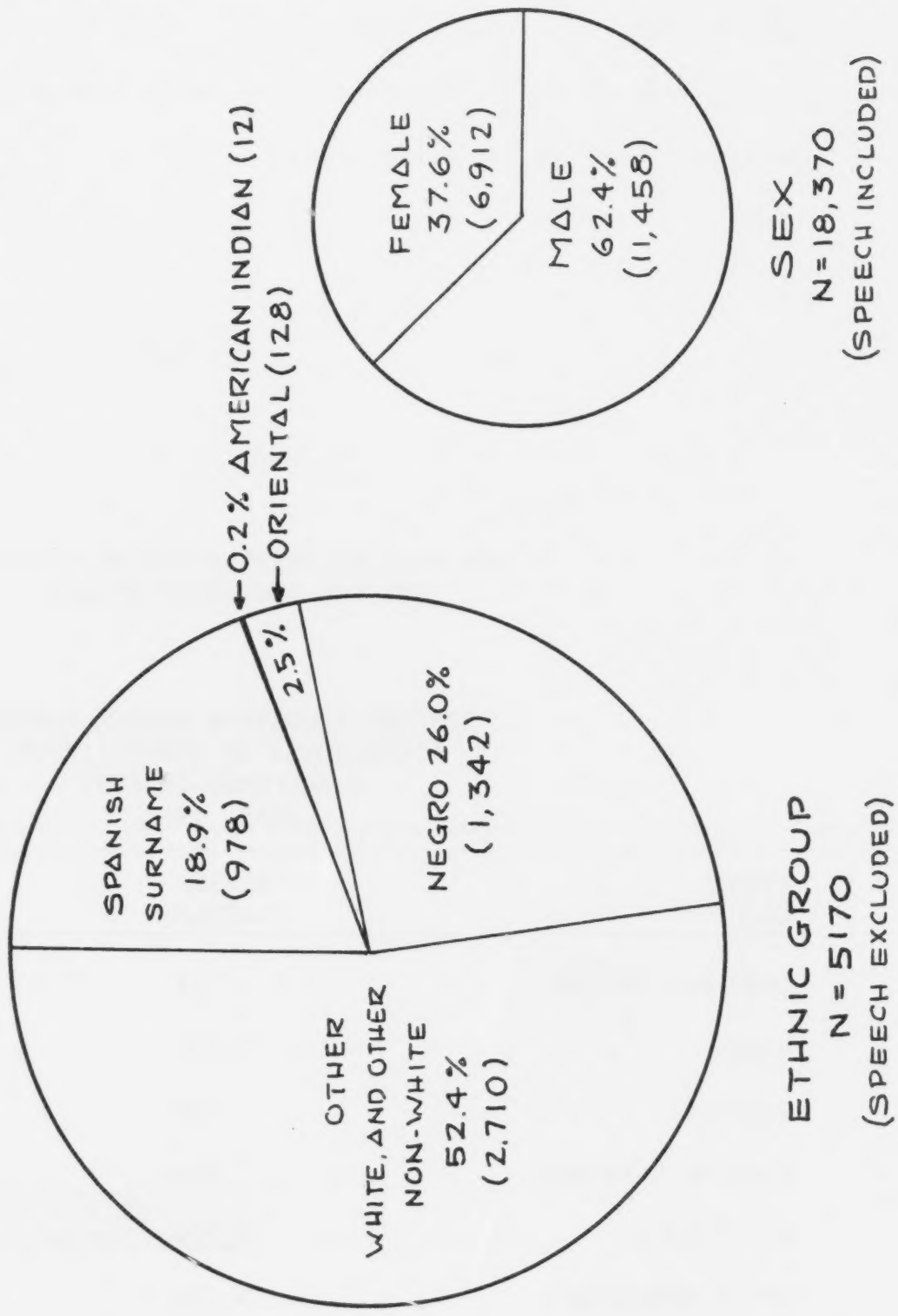
| ETHNIC GROUP | NUMBER ENROLLED | PERCENT OF TOTAL ENROLLMENT |
|---|---|---|
| American Indian | 12 | 0.2 |
| Negro | 1,342 | 26.0 |
| Oriental | 128 | 2.5 |
| Spanish Surnamed | 978 | 18.9 |
| All Others | 2,710 | 52.4 |
| TOTAL ENROLLED | 5,170 | 100.0 |

CHART 2.

LOS ANGELES UNIFIED SCHOOL DISTRICT
SPECIAL EDUCATION BRANCH

# Distribution of Special Education Branch Pupils

MAY 1968




ETHNIC GROUP
N = 5170
(SPEECH EXCLUDED)




SEX
N=18,370
(SPEECH INCLUDED)

LOS ANGELES UNIFIED SCHOOL DISTRICT
SPECIAL EDUCATION BRANCH

DISTRIBUTION OF SPECIAL EDUCATION BRANCH PUPILS
BY PRIMARY HANDICAP, ETHNIC GROUP, AND SEX
MAY, 1968

| PUPILS' PRIMARY HANDICAP | NUMBER OF PUPILS BY ETHNIC GROUP AND SEX | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | SPANISH SURNAME | | OTHER WHITE | | NEGRO | | ORIENTAL | | AMERICAN INDIAN | | OTHER NON-WHITE | | PUPILS ENROLLED | | |
| | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | TOTALS |
| Educationally Handicapped | 18 | 3 | 162 | 17 | 29 | 0 | 1 | 0 | 3 | 0 | 0 | 0 | 213 | 20 | 233 |
| Trainable Mentally Retarded | 102 | 84 | 141 | 108 | 81 | 80 | 11 | 8 | 0 | 0 | 0 | 1 | 335 | 281 | 616 |
| Sub-Trainable Mentally Retarded | 4 | 1 | 21 | 18 | 7 | 5 | 1 | 0 | 0 | 0 | 0 | 1 | 33 | 25 | 58 |
| Deaf | 50 | 53 | 107 | 109 | 56 | 63 | 18 | 11 | 0 | 0 | 1 | 1 | 232 | 237 | 469 |
| Hard Of Hearing | 29 | 19 | 74 | 43 | 21 | 20 | 3 | 3 | 0 | 0 | 0 | 1 | 127 | 86 | 213 |
| Blind | 13 | 18 | 63 | 59 | 25 | 19 | 3 | 3 | 0 | 2 | 3 | 0 | 107 | 101 | 208 |
| Partially Sighted | 23 | 12 | 75 | 42 | 33 | 23 | 2 | 1 | 0 | 1 | 1 | 0 | 134 | 79 | 213 |
| Orthopedically/ Health Impaired | 262 | 212 | 786 | 526 | 275 | 279 | 28 | 21 | 4 | 2 | 6 | 4 | 1,361 | 1,044 | 2,405 |
| Aphasic | 0 | 0 | 4 | 4 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 6 | 5 | 11 |
| Pregnant | | 75 | | 330 | | 324 | | 13 | | 0 | | 2 | | 744 | 744 |
| TOTALS | 501 | 477 | 1,433 | 1,256 | 528 | 814 | 68 | 60 | 7 | 5 | 11 | 10 | 2,548 | 2,622 | 5,170 |
| PERCENTS | 18.9% | | 52.0% | | 26.0% | | 2.5% | | 0.2% | | 0.4% | | 49.3% | 50.7% | 100.0% |

These charts substantiate the belief that high schools have a sizeable percent of handicapped students who are also disadvantaged. It is likely that some of these students will continue their education at the junior college in their community.

The President's Handicapped Youth Committee states:

> There is over three times as much disability in urban and rural poverty areas as there is in higher income areas. (For example, 75% of all mental retardation is found in the slums.)
>
> Many young handicapped men and women have no contacts with their own age group. They are isolated from other youth because half the country's private and public school systems neither provide nor arrange education for the physically and mentally handicapped; and only a handful of colleges and universities are fully accessible to the severely physically handicapped.
>
> Since people in poor areas do not know where to get help for their handicap, many young people from poverty areas have undiscovered and untreated physical and mental disabilities. Often volunteer agencies do not reach poor areas where the majority of disability is found.
>
> And, the problem is growing.

In short, the problems for disadvantaged handicapped youth are poverty, discrimination, lack of opportunity and lack of information.

When students are doubly disadvantaged, VEA funds for the disadvantaged should be combined with those for the handicapped. It is obvious that more research needs to be done to determine what percentage of handicapped students are also disadvantaged. If this research indicates a need, more funds can be allocated to the extremely complex problems which frustrate critically disadvantaged students.

SUMMATION

In this section we reviewed the reality faced by job-seeking disabled persons as it was reflected in the Civil Service Survey. We discovered that -- with some exceptions -- industry hires the disabled

person in low level, low skill, entry positions. This picture presents the crucial need for educating businessmen to the varied capabilities of the handicapped.

Current labor trends and changing work force patterns were also explored in order to alert the vocational education teacher and counsellor to the employment demands of industry in the next decade. By using these tools the teacher/counsellor can plan vocational education programs which will meet industry's manpower needs. With this pragmatic approach, students can be trained for jobs that exist.

Further, we attempted to determine the number of handicapped students on one campus and to identify their specific handicaps. This identification is necessary because, unlike the secondary schools, the junior college does not have homogeneous groupings of handicapped persons. As a result educators are faced with multiple difficulties in trying to provide services for students whose handicaps may vary greatly and, as noted earlier, each handicapping situation may require a different type of service (i.e. a blind person may need unique educational services not indicated in the case of a paraplegic).

So it is incumbent on each college to identify, not only the numbers, but the people behind the numbers -- including those who are also disadvantaged -- <u>prior to planning vocational education programs</u>. As is indicated by this report, a successful methodology for such identification does not currently exist and needs to be devised.

In fact, much research needs to be initiated if the junior college system is to meet the increasing demands of their handicapped students.

In these last two sections we have discussed the problem; in the

next we hope to point the way to some possible solutions, but, because of the need for more definitive information, we cannot do more than suggest directions for future investigation since it is from this future research that concrete programs can be recommended.

# SECTION III

THE HANDICAPPED -- A Matter of Responsibility

Any Vocational Education plan for disabled students must be tailored to funds available, devoted to meeting the needs of students, and involve the fullest possible use of community facilities.

The junior college has a responsibility to determine which community resources can meet the needs of handicapped students, and when possible refer students to these agencies. If unavailable services are required, the college can alert community agencies to the challenge of providing such help -- or, it can extend college programs to meet this need.

The basic needs of handicapped students can be briefly catagorized as Medical, Social, Economic and Educational. The educator might question at this point whether it is the responsibility of the junior college to help meet the medical, social and economic needs of a student.

The Vocational Education Amendments of 1968 state:

> Vocational Education for disadvantaged or handicapped persons supported with funds under section 102(a) or (b) of the Act shall include special educational programs and services designed to enable disadvantaged and handicapped persons to achieve vocational education objectives that would otherwise be beyond their reach as a result of their handicapping condition.
>
> Funds available for Vocational Education may not be used to provide food, lodging, medical and dental services which are not directly related to the provision of vocational education to such students. HOWEVER, the state board or local educational agency conducting such programs shall encourage the provision of such services through arrangements with other agencies responsible for such services.

The mandate is clear: schools must have -- either through direct or community services -- whatever resources are required to enable handicapped students to benefit from vocational education programs.

Where the school cannot provide unusual or special medical services, for instance, a community agency can be asked to provide them. The school and the community, then, work together to help the disabled student; and, under the Vocational Education Amendments, the school assumes a leadership role in establishing this joint education/community approach.

Enlightened educators have long recognized the need for supportive services to augment the traditional classroom situation. They know that the total environment (school, home, etc.) affects learning ability, and that often a student's lack of reading skill or poor attention in class is caused by personal problems rather than by a lack of ability. The Vocational Education Act, in dealing with the whole man, provides the funds to pragmatically resolve these environmental difficulties.

Unfortunately, funds are limited, but at least 10% of the Vocational Education budget must be used to train the handicapped. Thus, the school district must select programs which meet identified needs and which also provide the maximum benefit for dollars spent.

RESEARCH -- A Needed Planning Tool

The junior college system can obtain maximum benefits from money for the handicapped only if more research and planning provides sufficient data for efficient, effective program selection and implementation.

A lack of this significant data re-emphasized the essential priority of further research and planning.

As a result, we offer broad program possibilities in this section, rather than specific program models. These programs cover certain

consistently apparent oversights in the delivery of services to disabled students.

These oversights relate directly to the four categories of unmet needs affecting most handicapped persons:

Medical: Unmet needs in diagnosis, evaluation and management of the student's illness or disability.

Social: Unmet needs stemming from the student's need to adjust to a different family and community life and stemming from the social effects of his disability; this may be complicated by the need to get along on a reduced income in the case of newly disabled persons such as veterans.

Economic: Unmet needs of the family living subsistence because the bread winner has been disabled; needs which require the student (veteran) and his family to make adjustments to other sources of income, to accept social security disability benefits, or to seek public welfare or pension assistance; later work experience and job placement problems occur.

Education: Unmet needs in critical information, counselling and guidance, in the student's vocational training program and in the realistic evaluation of the student's vocational goals; unmet needs in special learning equipment, basic education curricula and teacher awareness which might prevent the student from fully participating in the educational process.

It is crucial for educational institutions to address their services to each of these areas -- not just to the obvious educational program.

PROGRAMS -- A Broad View

The junior college can develop programs in direct response to these needs. Specifically, the following program areas are needed:

1) Identification

2) Medical/psychiatric consultation

3) Community service coordination/rehabilitation counselling.

4) Basic education/developmental communication.

5) Elimination of physical barriers.

6) Work experience and job placement.

There are only a few exemplary education programs for the handicapped student at the post secondary level, but there is little objective data to indicate the reasons for this. Possibly Vocational Educators had as their first priority the disadvantaged and only now have the resources to establish programs for the handicapped. Whatever the reason, the private sector is equally as devoid of exemplary programs for the junior college student. Therefore, along with a need for further research, there is also a need for demonstration or pilot programs. The following pages might act as a nucleus for the planning of such programs.

IDENTIFICATION -- A Complex Process

The first step in any program is to identify and define the problem. This normal process is hindered by the fact that in the junior college there is no single, satisfactory method for identifying which students are handicapped or for learning the nature of their disability.

The California State Education code identifies physically handicapped minors as:

> Any minor who, by reason of a physical impairment, cannot receive the full benefit of ordinary education facilities. This includes mentally retarded, hard of hearing, deaf, speech impaired, visually impaired, emotionally disturbed, crippled, or other health impaired persons who by reason of their condition cannot succeed in a regular Vocational program without special educational assistance. The criteria used for this determination is:

a) Use of official health records
b) Use of standardized tests
c) Teacher observation
d) Diagnostic tests
e) Recommendation and evaluation by M.D.s and psychologists
f) Recommendation from Vocational Rehabilitation
g) Recommendation from Division of Special Education

This criteria works effectively in the secondary system; but at the post secondary level the information -- if it is available -- is scattered in numerous repositories; as was seen in Section II of this report, there is no single source which can identify all the handicapped students and all their various disabilities.

In the past there were no funds available for special services to the handicapped; as a result, the need for identification was not emphasized. Today, the effort to determine which Vocational Education services must be modified or augmented requires a knowledge of both the disabled persons being served and their disabling conditions.

Each junior college will obtain this information in the way most compatible with present student identification procedures; however, one approach is to have each student, at registration, fill in a computer programmed medical card (see appendix for a sample card).

If the Vocational Education legislation is to be followed, the emphasis upon people's needs instead of occupational slots demands an individual identification method. This method will also help administrators fulfill their reporting requirements on the students in Vocational Education programs; further, it will allow counsellors to quickly determine the services needed to help the student succeed.

A MEDICAL PROGRAM -- The Foremost Need

All phases and efforts of the junior college program should be guided by the principle: to help the student live within the limits of his disability but to the maximum of his capabilities. Physical disability breeds social disability and the junior college program should help prevent, counteract or reverse this process. It is imperative, then, to recognize, at the outset, that we are dealing with a medical problem. This means that:

1) The extent of the student's disability should be medically determined.

2) The student's capabilities should be medically evaluated.

3) The student and school staff should have available to them psychiatric/medical advice, if needed during the course of the vocational education program.

The college health service should be an active participant in all of the above; however our handicapped student survey indicated a general distrust of the services being offered at this center. The student health centers of a number of institutions have poor response from their student bodies according to recent reports.

To rectify this two courses of action are suggested:

1) Establish a Medical Advisory Committee.

2) Establish better liaison with students so that valid services are used.

Medical Advisory Committee

The purpose of a medical advisory committee for the handicapped is to open medical channels which augment existing health services. Physicians, public health or para-medical leaders who are members of the committee should therefore be in good standing with the local medical society.

Representatives from the various medical specialties particularly concerned with the physically handicapped should be invited to participate. These might include neurology, orthopedics, psychiatry, physical medicine, etc. The County Medical Association, the Department of Vocational Rehabilitation should also be represented.

This committee of experts should meet when needed to plan those approaches best suited to answer the health needs of handicapped students. Individual members of the committee might be encouraged to volunteer their professional services in specific cases.

With this professional help, the health center can provide a total health service to handicapped students and can expand or create new services considered important by the student body.

These services might include such things as medical, surgical or dental treatment, prosthetic and orthotic devices, hearing aids, wheelchairs, physical therapy, speech therapy, eyeglasses, psychological services, etc.

Since many of the above are provided to a Department of Vocational Rehabilitation client, it is vital that this organization be closely affiliated with the advisory committee's planning actions.

Use of Student Aides

The student health center may have a fine program of services; however, if it is not used by the students, it cannot be very effective. Therefore, a stringent effort must be made to inform the students of the medical services on campus and the advantage of using such services. One

method of student liaison which has proven successful is the use of peer group aides (student workers).

These paid students can be selected from enrollees of health occupation curricula and they might function in several capacities:

a) Dissemination of basic health information.

b) Public relations for existing services.

c) Recorders of needed new services.

d) Health advocates for the handicapped students.

Since the para-professional health worker is becoming more accepted in the allied health fields, time spent in this program can be considered as work experience.

Through the use of peer group aides the health service can gain credibility with students. This increased trust should result in increased use of the health center. Obviously, with more student use the center's staff will be in a position to recognize unmet health needs on campus and can discuss augmented service possibilities with the medical advisory committee.

When the health service can provide an accurate diagnosis, and evaluation of each student's disability, and when this center can also help the disabled student manage his disability, the junior college will have broken through a major barrier.

SOCIAL PROGRAM -- A Normal Part of School Life

A newly handicapped person -- a veteran for instance -- must adjust to a different family, school and social life. The junior college can help in this adjustment by providing activities on campus which allow

social or recreational opportunities for handicapped participants. The structure for planning and developing these special student activities can stem from the existing student body program or from a special disabled students service committee.

The formation of a disabled students service committee has several advantages:

a) Disabled students are immediately involved.

b) Program development has pre-established student acceptance.

c) A recognized group can speak for the handicapped students at outside affairs -- i.e. President's Committee on the Handicapped.

d) The college can provide organizational and leadership impetus through a strong advisor selected to get the group started.

The function of this group cannot be fully planned in advance; and to suggest program areas for this functioning at this time is premature. But we can outline a few services which some handicapped student organizations consider important:

Working with student governments for curricula changes to allow credit for student work with the handicapped.

Inviting speakers for assemblies or club meetings to discuss programs for the handicapped.

Writing articles for local and school papers on community barriers to the handicapped and on community and school survey results.

Establishing school committees to work on solutions to architectural, administrative and academic barriers which are keeping the handicapped out.

Organizing attitude workshops and film festivals on how people really feel about the physically and mentally handicapped.

Encouraging careers in counselling, rehabilitation, therapy and special education. Inviting speakers to discuss careers in these fields at schools and clubs.

Planning recreational activities and seeing that handicapped

students are included in club and other activities.

Sponsoring peer counselling and tutoring.

Coordinating an employer fair.

Surveying the community to find out how the handicapped get to work -- what kinds of jobs they are getting -- what schools are open to the handicapped -- what job training programs are available to the handicapped.

A Community Advisory Committee

Once this student committee is formed, the faculty leader might want to establish a professional group to help advise the students. The members of this committee should be drawn from employers, community agencies (Braille Institute), faculty and students.

The primary purpose of this advisory committee is to provide resources outside the college's capabilities. To this end community agencies providing service to the disabled should be fully represented as well as employers who are recognized leaders in hiring the handicapped. With this expert help the handicapped can rely on the college to provide suitable social activities.

Social intercourse is a normal part of any school; but without a provision (such as the foregoing) for social and recreational activities geared to his special needs, the handicapped student is often denied this right. It is well documented that relevant social activity helps the disabled student more readily adjust to his changed life -- with this adjustment, his ability to adapt to the educational environment is enhanced, enabling him to confidently participate in his vocational education program.

ECONOMIC PROGRAM -- A Full Use of Community Resources

Chronic illness impoverishes students and their families. Often

this poverty extends to the basic necessities of food, shelter and clothing. Deprivation with its attendant emotional strain creates an unfavorable environment for the student, often preventing success in his educational effort.

Direct financial assistance for these needs, however, is often beyond the scope of the college service program. Providing needed financial assistance of this type has long been recognized as a community responsibility, and this responsibility is assumed by legislation at the Federal, State and local levels. Therefore, rather than attempt direct financial assistance for which it is not prepared, the college should concentrate on helping the student obtain benefits from these sources.

The college must have accurate information on what benefits are available and who is eligible to receive them because only then can the college counsellor give the student help in applying for the assistance to which he is entitled.

In this way unmet financial needs can be identified and through good community relations the college can alert or influence the responsible authorities to provide for them.

The Multiple Sclerosis Association has listed the following sources of income for disabled persons:

1. Social Security Disability Benefits administered nationally by the Social Security Administration of the U.S. Department of Health, Education and Welfare. Eligibility for these benefits is on the basis of:

    a) A medically certified incurable condition which prevents the person from engaging in substantial gainful employment. (Age has been removed as a determinant of eligibility for total disability benefits, and recent amendments have extended

benefits to the wife and minor dependent children of the pensioner. This entire matter appears subject to continuous change.)

b) The applicant must have worked under Social Security for at least five years - or, since Social Security credits are counted in units of calendar quarters of the year, in at least 20 calendar quarters. Such calendar quarters need not be consecutive, but they must all have been during the 10 year period ending with the quarter in which disability occurred.

2. Disability Pensions from the Veterans Administration. For disabled war veteran whose claim is judged to be service connected, a veteran's disability pension is an extremely important resource, since the pension will cover the maintenance needs of the veteran and his family, medical care for the veteran, and other benefits.

3. Federal, state and local governmental units, as well as some large industrial concerns have pension plans which sometimes include disability pensions, extended sick leave benefits, and medical insurance benefits. Many multiple sclerosis patients, upset and bewildered when their employment is terminated because of disability, need reminders to find out about their pension rights. A call to the company previously employing the patient may reveal a variety of benefits for which the patient is eligible. Sometimes pensioners need help in determining whether they may be eligible for additional benefits because of changes in their condition.

4. General assistance programs are usually financed by the county alone, or the county and state, but inadequate financing of these assistance programs may permit only a low level of assistance. However, the level varies from state to state and county to county and may at times be appreciable.

5. Voluntary family service agencies are established in many communities, frequently under religious auspices. Usually, they consider that extended financial assistance for living expenses is a responsibility of tax-supported agencies. Their programs usually stress counselling services, and the referral of patients to public agencies for financial assistance. Social services and some financial aid are frequently included.

6. Disability Assistance and Aid to Dependent Children are local programs financed by a combination of federal and state funds through state Department of Welfare Agencies administering state programs of public assistance. These programs are called by various names: Home Relief, Public Welfare, etc.

Under regulations estabished by Congress and administered by the Bureau of Public Assistance of the U.S. Department of Health, Education and Welfare, federal funds are made available to reimburse states for substantial proportion of the first $65. per month of allowances to disabled persons made under the Disability Assistance Program. Since this program provides only for the needs of the disabled person, the college should be equally concerned with the Aid to Dependent Children Program since this is a potential source of help for the maintenance of the spouse and minor children of a severely disabled person.

It must be understood, however, that such programs vary considerably from state to state and frequently from city to city. Hence, the eligibility requirements as well as the types of assistance must be investigated locally by each college and information must be kept up-to-date.

Ultimately economic independence comes from full or part-time employment and we will discuss employment opportunities, vocational counselling, etc. later in this section. Meanwhile, for the unemployed student, the above programs may help resolve any economic conflicts preventing him from participating in the Vocational Education program.

EDUCATIONAL PROGRAM -- A Question of Alternatives

Educators raise the question: Should the handicapped have a vocational program with segrated classes?

Our answer is no. Students enrolled in a junior college can take part in an integrated program provided special services are available.

The problem is one of planning and developing structures which allow individual adjustments to be made rather than forcing the student to adjust to preconceived programs.

Handicapped youth in the post-secondary school have frequently been denied meaningful vocational education exposure. The reason -- segrated secondary schools often limit training to activities far below the individual's potential; they also often physically remove him from the social mainstream.

A major concern then should be to avoid locking the handicapped into rigidly prescribed programs which ignore potential. This problem can be avoided with the provision of special supportive programs, which allow for an individual approach.

Examples of such special educational programs and services include the following: special instructional programs or pre-vocational orientation programs, remedial instruction, guidance, counselling and testing services, employability skills training, communications services, special educational equipment, services and devices and reader and interpreter services. Equally important are the supportive services in medical, economic, legal, and transportation areas, to name a few.

THE COMMUNITY -- An Untapped Resource

Many of these services can currently be found on campus, but in some cases it is not feasible to offer them as campus-based programs. In these instances, services though not offered at the college can be found in existing community agencies. To tap these resources and help the student apply for services the counsellor must have access to a current Community Resources File.

Of special importance to the counsellor are the following organizations which provide information on individual handicaps and free printed materials and films for promoting programs for the handicapped. Each organization will provide the Junior College with the names and addresses of local chapters:

Crippled and Neurologically Impaired

National Society for Crippled Children and Adults
2023 West Ogden
Chicago, Illinois

United Cerebral Palsy Association
321 W. 44th Street,
New York, N.Y. 10036

American Heart Association
44 E. 23rd Street,
New York, N.Y.

National Epilepsy League
208 North Wills Street,
Chicago, Illinois

Epilepsy Foundation
1419 H Street, N.W.
Washington, D.C. 20005

Muscular Dystrophy Associations of America, Inc.,
1790 Broadway
New York, N.Y. 10019

Emotionally Disturbed and Socially Maladjusted

National Association for Mental Health
10 Columbus Circle
New York, N.Y. 10019

Child Study Association of America
132 E. 74th Street,
New York, N.Y. 10031

Child Welfare League of America
345 E. 45th Street,
New York, N.Y. 10017

Impaired Hearing

American Speech and Hearing Association
1001 Connecticut Avenue
Washington, D.C.

Alexander Graham Bell Association for the Deaf
1537 35th Street, N.W.
Washington, D.C.

American Hearing Society
919 18th Street, N.W.
Washington, D.C.

Conference of Executives of American Schools for the Deaf
Gallaudet College
Florida Avenue and 7th Street, N.E.
Washington, D.C.

Impaired Vision

American Foundation for the Blind,
15 W. 16th Street
New York, N.Y. 10011

National Society for the Prevention of Blindness
16 E. 40th Street,
New York, N.Y. 10019

Mental Retardation

National Association for Retarded Children
420 Lexington Avenue
New York, N.Y. 10017

American Association on Mental Deficiency
1601 W. Broad Street,
Columbus, Ohio

Speech

American Speech and Hearing Association
1001 Connecticut Avenue
Washington, D.C.

Of particular interest to the teacher are materials, films, tapes, etc. which can be used in class. The Vocational Education for Handicapped Persons Handbook prefaces its suggested sources of teaching materials with the following:

> Instructional materials centers, specifically for handicapped children, have been established throughout the nation. Purpose: to collect and to make available to local school districts, such teaching aids for handicapped persons as test kits, tapes, records, braille books and many other materials and devices. These centers also are involved in developing new materials and conducting practical workshops for teachers.
>
> Address requests to the Regional Special Education Instructional Materials Center at:

| Center and Director | Region Served |
|---|---|
| Michigan State University<br>Room 216, Erickson Hall<br>East Lansing, Michigan 48823<br>Director: Mrs. Lou Alonso<br>Phone: 517/353-7810 | Michigan<br>Indiana<br>Ohio |
| University of Wisconsin<br>2570 University Avenue<br>Madison, Wisconsin 53706<br>Director: Dr. LeRoy Aserlind<br>Phone: 608/262-4910 | Wisconsin<br>Minnesota |
| American Printing House for the Blind<br>1839 Frankfort Avenue<br>Louisville, Kentucky 40206<br>Director: Mr. Carl Lappin<br>Phone: 502/895-2405, Ext. 20 | National |
| Colorado State College<br>Greeley, Colorado 80631<br>Director: Dr. William Reid<br>Phone: 305/351-2681 | Colorado<br>Montana<br>Wyoming<br>New Mexico<br>Utah |
| University of Texas<br>304 West 15th Street<br>Austin, Texas 78701<br>Directors: Dr. William Wolfe<br>Dr. Claude Marks<br>Phone: 512/GR-1-3146 | Texas<br>Louisiana<br>Arkansas<br>Oklahoma |
| University of South Florida<br>Tampa, Florida 33620<br>Director: Dr. Marvin Gold<br>Phone: 813/988-4131 | Florida<br>Alabama<br>Georgia<br>Mississippi<br>South Carolina<br>Puerto Rico<br>Virgin Islands |
| University of Oregon<br>1612 Columbia Street<br>Eugene, Oregon 97403<br>Director: Dr. Wayne Lance<br>Phone: 503/342-1411, Ext. 2021. | Oregon<br>Alaska<br>Hawaii<br>Idaho<br>Washington<br>Guam |
| University of Kentucky<br>641 S. Limestone Street<br>Lexington, Kentucky 40506<br>Director: Dr. A. Edward Blackhurst | Kentucky<br>Tennessee<br>North Carolina<br>West Virginia |

University of Southern California
School of Education
17 Chester Place
Los Angeles, California 90007
Director: Dr. Robert McIntyre
Phone: 213/749-3121

California
Nevada
Arizona

Boston University
School of Education
765 Commonwealth Avenue
Boston, Massachusetts 02215
Directors: Dr. Donald Mietta
Dr. Harold Ruvin
Phone: 617/353-3266

Massachusetts
Connecticut
New Hampshire
Maine
Vermont
Rhode Island

George Washington University
Department of Special Education
820 20th Street, N.W.
Washington, D.C. 20006
Director: Dr. Raymond Cottrell
Phone: 202/676-7200

District of Columbia
Delaware
Maryland
New Jersey
Pennsylvania
Virginia

University of Kansas
School of Education
Lawrence, Kansas 66044
Director: Dr. Robert Ridgeway
Phone: 913/UN-4-3034

Kansas
Iowa
Missouri
Nebraska
North Dakota
South Dakota

New York State Department of Education
Bureau for Physically Handicapped Children
Albany, New York 12201
Director: Mr. Raphael Simches
Phone: 518/474-3995

New York State

Department of Special Education
Superintendent of Public Instruction
726 South College Street,
Springfield, Illinois 62706

Illinois

We have included here a few of the possible agencies found in a resource file: in Los Angeles we strongly recommend the use of the Welfare Planning Council's Directory and the Directory of Organizations in East and South Los Angeles as supplements until the college has established it's own community resource file for the handicapped.

For general services we have included the LACC's community services resource list in the appendix. This list covers areas which may or may not be of special need to the handicapped student (i.e. information on aliens, discrimination, crisis counselling, etc.).

The Community Must Be Informed

The community needs to be told of the college's interest in and programs for the handicapped. By using the resource file as a tool for stronger community school liaison the college has a potent method for developing needed outreach programs. For this reason, some schools will place this file in their Community Service Departments.

Wherever the administrative jurisdiction, each school will have to evaluate existing community resources, assess new possibilities and set up communication and referral channels which will vary with it's unique situation. What will not vary are the benefits of an up-to-date community resource file -- benefits manifested by increased student productivity, faster, more efficient counsellor referrals, and increased community/school cooperation and understanding.

Counselling -- An Educational Service

The rehabilitation counsellor offers assistance in a multitude of areas that would not normally be required of him if working with regular students. Since these services often determine whether a handicapped student can or will stay in the educational program, the counsellor must select them carefully and(more important) he must refer the students to them in a way that encourages their use. Again the importance of an up-to-date resource file is evident for no school can provide all the necessary support services on campus.

What do these services entail? The following is a good summary:

* Medical and dental examinations and treatment with ongoing consultation to help manage the physical disability.

* Case work and psychiatric services.

* Homemaker and Day Care Services.

* Transportation to get to distant or inaccessible classrooms or jobs.

* Loan funds for school-related emergencies such as fares or lunch money.

* Economic/Welfare support and services.

* Recreational and social activity services.

* Community agency services for the disabled.

The ability of the counsellor to cope with problems such as those listed above is an essential step in sustaining the handicapped student's involvement in a vocational education program.

Ideally, the department of Vocational Rehabilitation should provide educational institutions with trained DVR counsellors whose caseloads are made up of the college's handicapped students. Duplication of counselling efforts could then be avoided and students would be assured adequate services.

One obstacle to this ideal is a lack of DVR counsellors with time to provide counselling to colleges. When LACC's Career Guidance Center tried to coordinate such a program it met with failure for several reasons:

1. The DVR office which was approached was, at that time, "understaffed" and was unwilling to take on new cases.

2. DVR administration was unable to "free" a counsellor to service a college-based case load.

This indicates a need for either (a) closer, more effective DVR and junior

college coordination or (b) the colleges to provide rehabilitation counsellors through staffing.

The most effective method immediately available for providing disabled students with necessary services is for colleges to have rehabilitation counsellors on staff.

Unlike counsellors for disadvantaged students, the rehabilitation counsellor requires special training - but like the disadvantaged's counsellor, a credential is no assurance of this special knowledge - knowledge of vocational information, medical awareness and personal sensitivity to the individual. With well-planned in-service training most counsellors can become informed in the medical limitations and capabilities of certain disabilities. The vocational counselling can be combined with any existing, ongoing guidance program such as LACC Career Guidance Center, providing, of course, the vocational counsellor has been appraised of the students' unique abilities.

One trained rehabilitation counsellor and possibly several handicapped vocational aides with access to a guidance center (with specific job information the handicapped) can provide the beginning of a counselling program for the disabled student.

The rehabilitation counsellor's duties extend into a coordinative function and should be defined as such. Through coordinative efforts with administration, students can be identified; through coordinative efforts with the health centers, students'capabilities can be evaluated; and through coordinative efforts with the students, special service needs can be established. All this goes well beyond the "normal" counselling

function, yet it is necessary if a counselling program for the handicapped is to succeed.

The leadership for developing this program is determined by the junior college administration.

Basic Education/Developmental Communication

Handicapped students, particularly if they have learning problems, may find their basic skills too poor for competent achievement in their vocational training. These basic skills--primarily reading ability and computational skill--can prevent the student from reading a blue print, a service manual or from understanding cubic displacement the result: failure in his occupational area.

The student can quickly acquire a "functional basic skill" in his occupational area if developmental communications curricula is directly related to specific job goals. For instance, a student who needs basic skills upgrading should receive vocabulary, reading comprehension, sentence structure and basic mathmatical training all geared to his ultimate job. Thus curricula materials might include pay stubs, tax withholding forms, blue prints, auto parts catalogues, job application forms, medical/dental terminology, etc.

Ability, then, is evaluated in terms of job capability rather than traditional grade levels. The level of competence needed for specific occupations becomes the major consideration and all upgrading efforts are made with this job goal in mind.

Each student begins at a different "skill" level and often, the handicapped student requires special learning aids combined with an individual approach.

These learning aids will vary according to the types and degrees of handicapping conditions. But, planned combinations of learning devices can (with adequate supervision) involve a total curricula. Among these learning aides are:

Special lighting
Special acoustical treatment
Tutors and readers
Braille textbooks
Tape and other audio equipment
Slides and visual aids
Interpreters
Electronic readers

Any campus with an adequate learning resource center can develop these special curricula supplements to meet the particular needs of students and teachers.

Vocational educators, once they understand the disability, are quite creative in making the required curricula modifications. As a result, these teachers should work closely with the basic education staff in developing a series of special learning aids.

The integration of these aids with an existant occupationally oriented developmental communications program should enable handicapped students to benefit from this basic training.

Pre-Vocational Orientation - A Necessary Exposure

More than other students, the disabled person has been isolated from occupational exposure. His knowledge and awareness of his vocational potential is therefore extremely limited. Often, due to misinformation or lack of information, the handicapped accepts any job training that seems immediately obtainable and obviously this leads to choices often well below his potential capabilities.

To prevent this inappropriate occupational selection and to allow the student an opportunity to choose from knowledge (rather than ignorance) each junior college can initiate a thorough pre-vocational orientation for all occupational students -- particularly those with limited exposure backgrounds.

The first step is to identify those eligible students and to encourage their participation in a pre-vocational orientation.

Once this is done a series of tests should be available for the student to use as a tool for determining (with his counsellor) general areas of interest and aptitude.

Testing is sometimes considered a negative word today because all too often tests have been used inappropriately. An effective approach is to offer a variety of tests (allowing special testing procedures for the deaf, blind or other severely handicapped) with the understanding that:

1. The test results do not limit choice
2. The results are shared and there is no "correct" score.

With this in mind we recommend the following methods:

N.A.T.B. (Nonreading Aptitude Test Battery)

G.A.T.B. (General Aptitude Test Battery)

Gordon's Occupational Survey

Guilford-Zimmerman Aptitude Survey

Differential Aptitude Tests

Interest Inventories

When the student and his counsellor have reviewed all possibilities

and the student has indicated interest in certain occupational clusters, the counsellor should help him schedule information sessions at a career guidance center. This center should be equipped with specific job data--salary, qualifications, openings, potential, etc,--in the occupational clusters of interest.

It may be that the student will require:

Audio-visual information (tapes, films)

Work-site visitations

Exposure to academic requirements

Exposure to required job skills, etc.

A well-planned career guidance center can provide whatever exposure is necessary to allow the student a cogent choice. Nor should this exposure take more than a few days because the student has already selected skill clusters.

At this point we recommend the counsellor help the student fill out the personal evaluation chart (devised by Hoskins & Associates for L.A.C.C.) that follows (p. 26).

The student, having completed this pre-vocational orientation period, will have basic information which can be used to make a pragmatic choice of vocations.

A disabled student in this way can select a course of action within a limited time period secure in the knowledge that (1) his training will develop his potential fully, and (2) that his training will culminate in concrete employment opportunities suited to his interests.

MY CAREER PLAN

| IMMEDIATE GOALS | PROBLEMS |
|---|---|
| 1. | 1. |
| 2. | 2. |
| 3. | 3. |
| 4. | 4. |

| LONG-RANGE GOALS | PROBLEMS |
|---|---|
| 1. | 1. |
| 2. | 2. |
| 3. | 3. |
| 4. | 4. |
| 5. | 5. |

| PRESCRIPTION: HOW TO | TARGET DATE (When) |
|---|---|
| | |

| Tests: | Remarks: |
|---|---|
| | |

KIND OF WORK PREVIOUS EMPLOYMENT

_____ DATES _____

_____ DATES _____

_____ DATES _____

_____ DATES _____

Work Experience and Placement

The handicapped student must overcome two basic difficulties in obtaining a work experience. First he must be himself convinced that he can do the job. Second, the employer must be convinced that he can do the job. For severely handicapped students, work placement may best be in a campus job (student worker) until such time as the student accepts his own ability. For others work introduction of this sort will not be necessary. The counsellor can determine (with the work experience coordinator) which approach is best.

Although a number of employers in the Los Angeles area have active recruitment programs for handicapped people (among these are Hughes, Garrett, Litton, Bank of America, etc.), only a few have been actively approached with the concept of work experience as it is used by the junior college system.

However, those who have been approached use students when possible. To date no noticeable emphasis has been placed on the reasons these companies should hire handicapped students for their work experience nor have the junior colleges been recruiting disabled students for this experience.

We therefore suggest that the junior college system establish a policy to actively promote employment opportunities for handicapped students. This policy can easily be implemented through the work experience program. Every employer contacted can be appraised of the abilities of the disabled students available for work and encouraged to consider them for other than low skill employment.

In short, the junior college can supply a personalized placement program

for its handicapped students.

This means that the work experience coordinator as well as the placement director has a current file on each disabled student, his vocational goal, present capability, and economic need. If necessary, the work experience coordinator should seek special placement for each handicapped student enrolled in an occupational curricula. Often this will require extra staff to deal only with the handicapped -- or possibly to work with both disadvantaged and disabled students jointly. The self-evident importance of work experience to the handicapped student warrants this special supportive expenditure.

Furthermore, these students should be actively recruited into the work experience program. Methods for this will vary according to the school, but one successful method has been to satisfactorily place several disabled students and ask them to spread the word to others. This recruitment procedure, though rather casual, is often quite effective.

Elimination of Physical Barriers

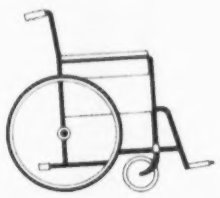
Almost unnoticed in one's daily routine are such matters as getting on or off a bus, climbing a flight of stairs, stepping off a curb, using a restroom, telephoning from public boothes, going through revolving doors, or getting off an airplane. To a person in a wheelchair these form insurmountable barriers. Not only are these barriers physical, they also constitute barriers to enjoyment of many economic and social activities.

In recognition of the priority of a barrier-free environment for the handicapped Governor Reagan signed legislation adding sections 4450, 51, 52 and 53 to the Government Code of the State of California. This

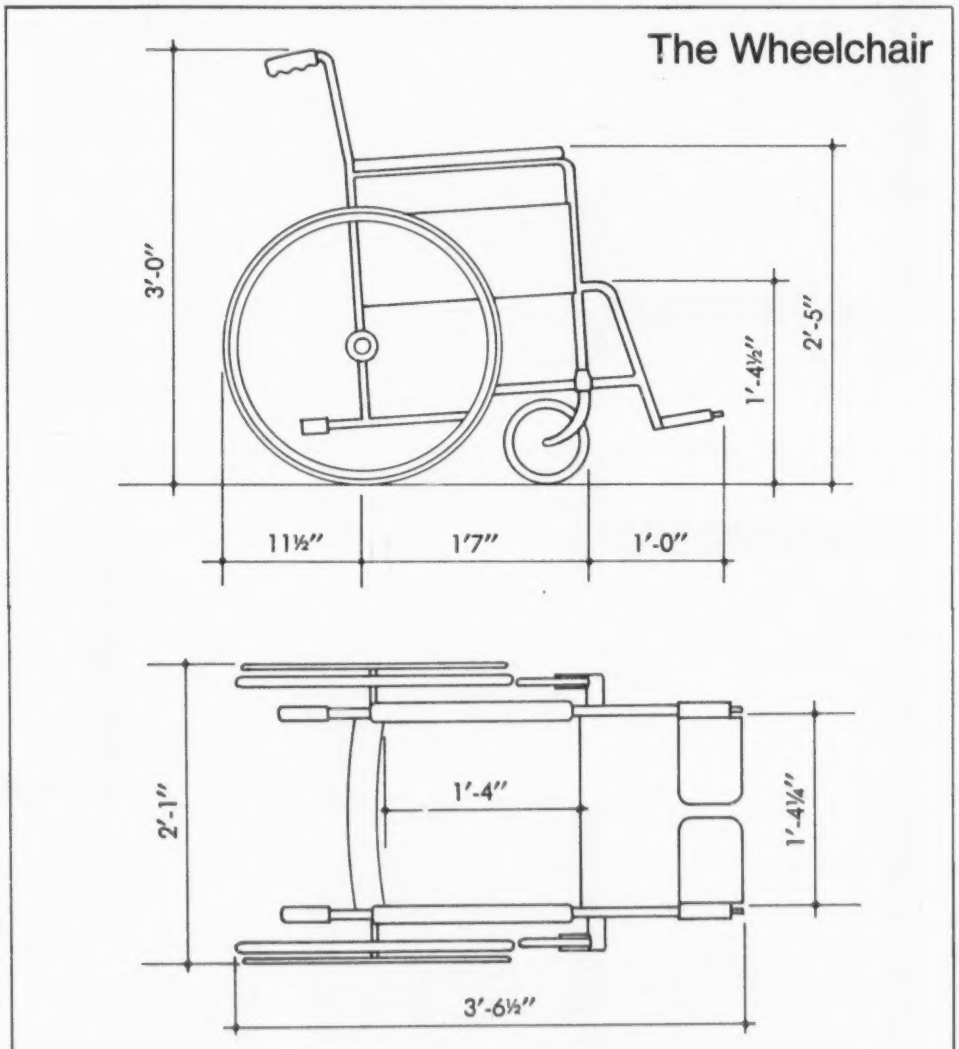
legislation required that buildings and facilities constructed in the state by the use of state, county or municipal funds comply with the provisions of the American Standards Association specifications. This was extended in 1969 to apply to all structures built for "public accommodation purposes" with private funds.

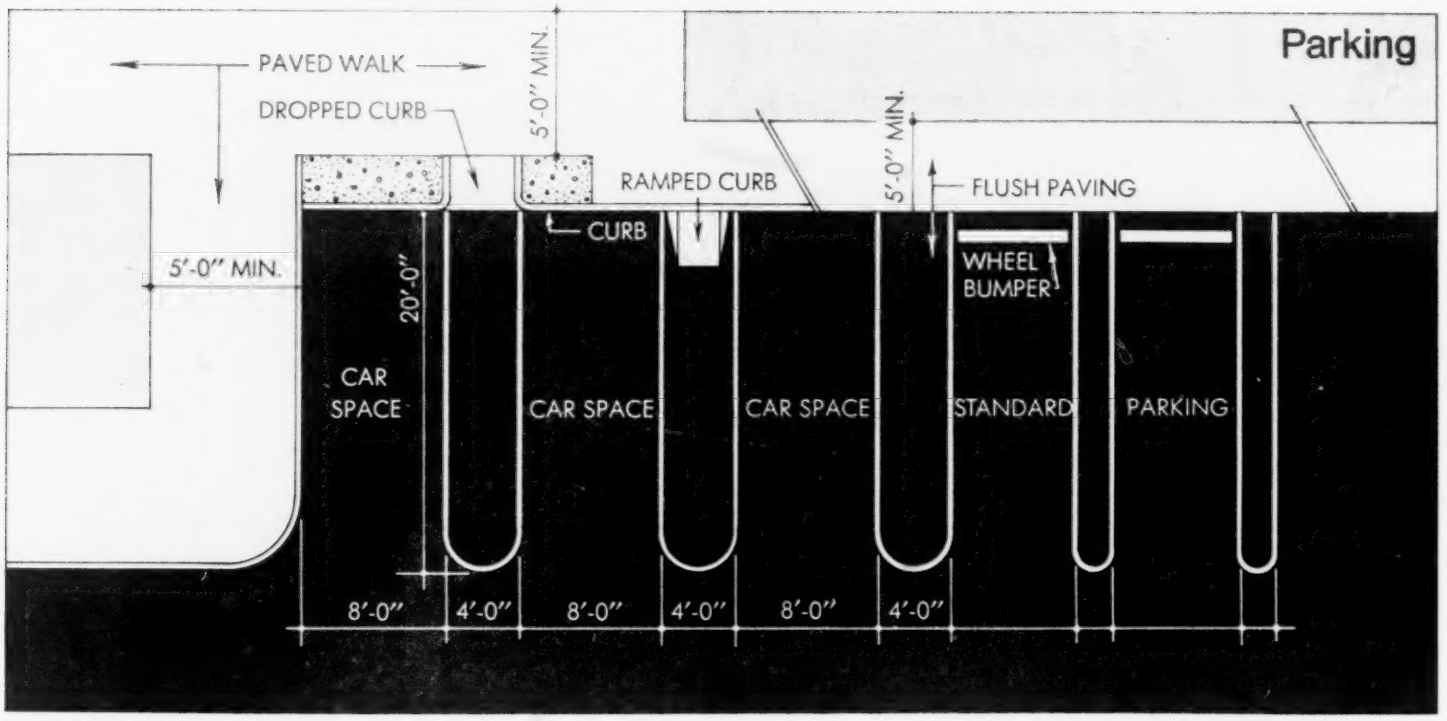
In short, both legislation and enforcement of this legislation has been established to allow for a barrier-free environment.

Administrators may evaluate their college's environment in relation to the following technical features recommended in the report "American Standards Association Specifications for Making Buildings and Facilities Accessible to and Useable by the Physically Handicapped" (A117.1-1961).



**Many aids are employed by the handicapped to maintain mobility. The wheelchair is the most affected by design because of its fixed dimensions. When design caters to the needs of the wheelchair user, it caters to the needs of everyone.**




Parking
PAVED WALK
DROPPED CURB
5'-0" MIN.
RAMPED CURB
5'-0" MIN.
FLUSH PAVING
CURB
5'-0" MIN.
20'-0"
WHEEL BUMPER
CAR SPACE
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STANDARD
PARKING
8'-0"
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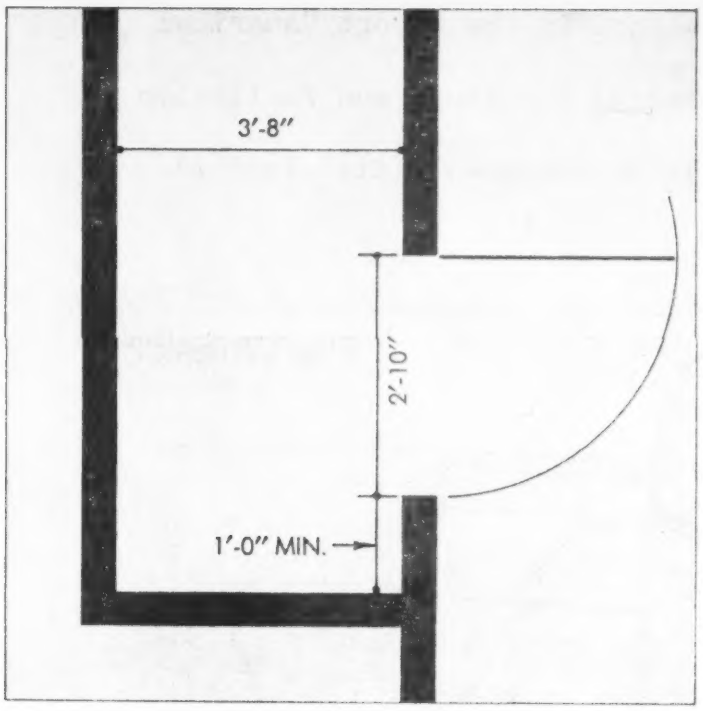
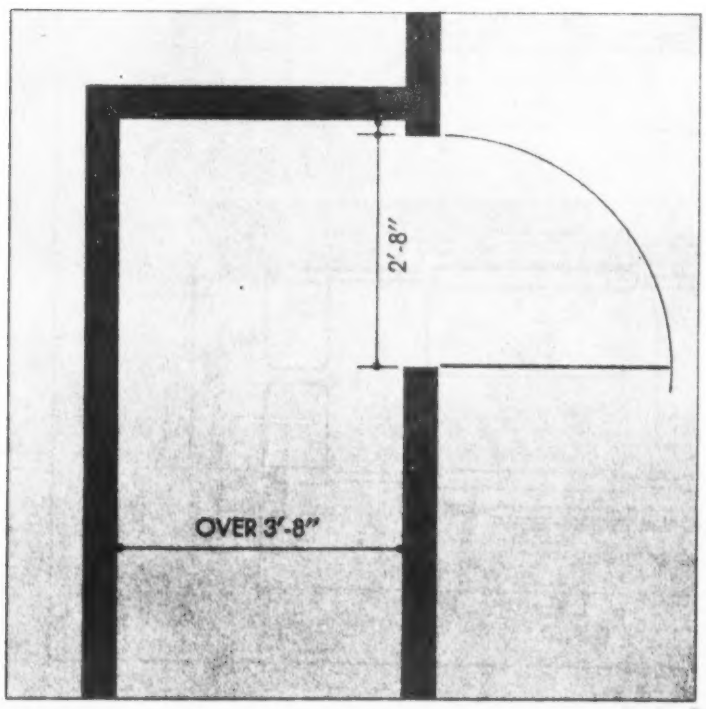
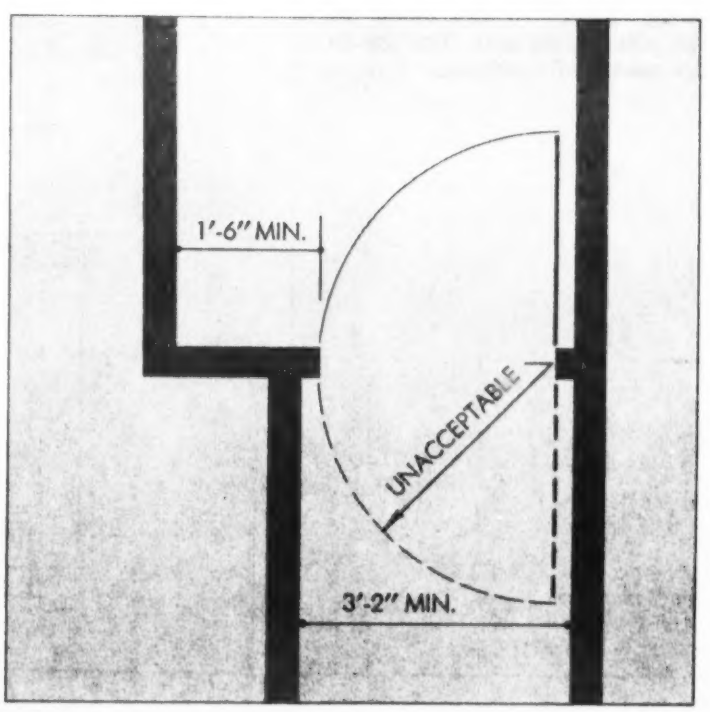
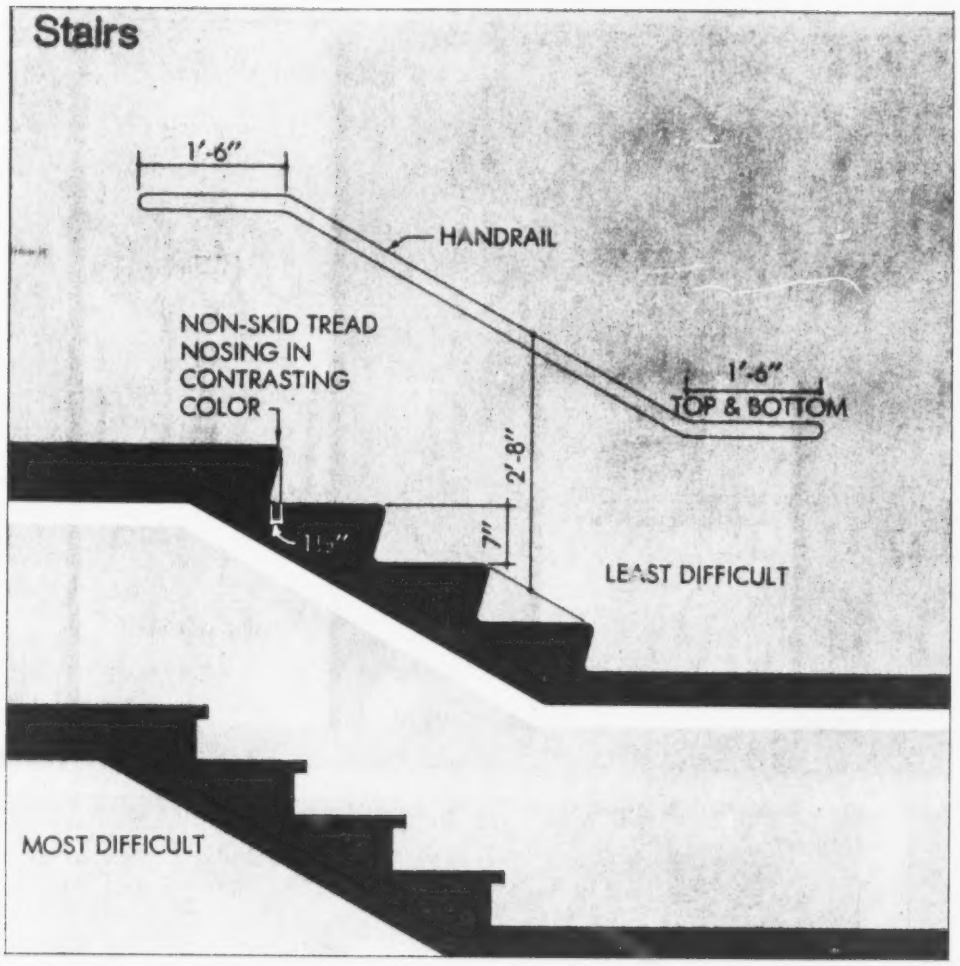
8'-0"
4'-0"
8'-0"
4'-0"

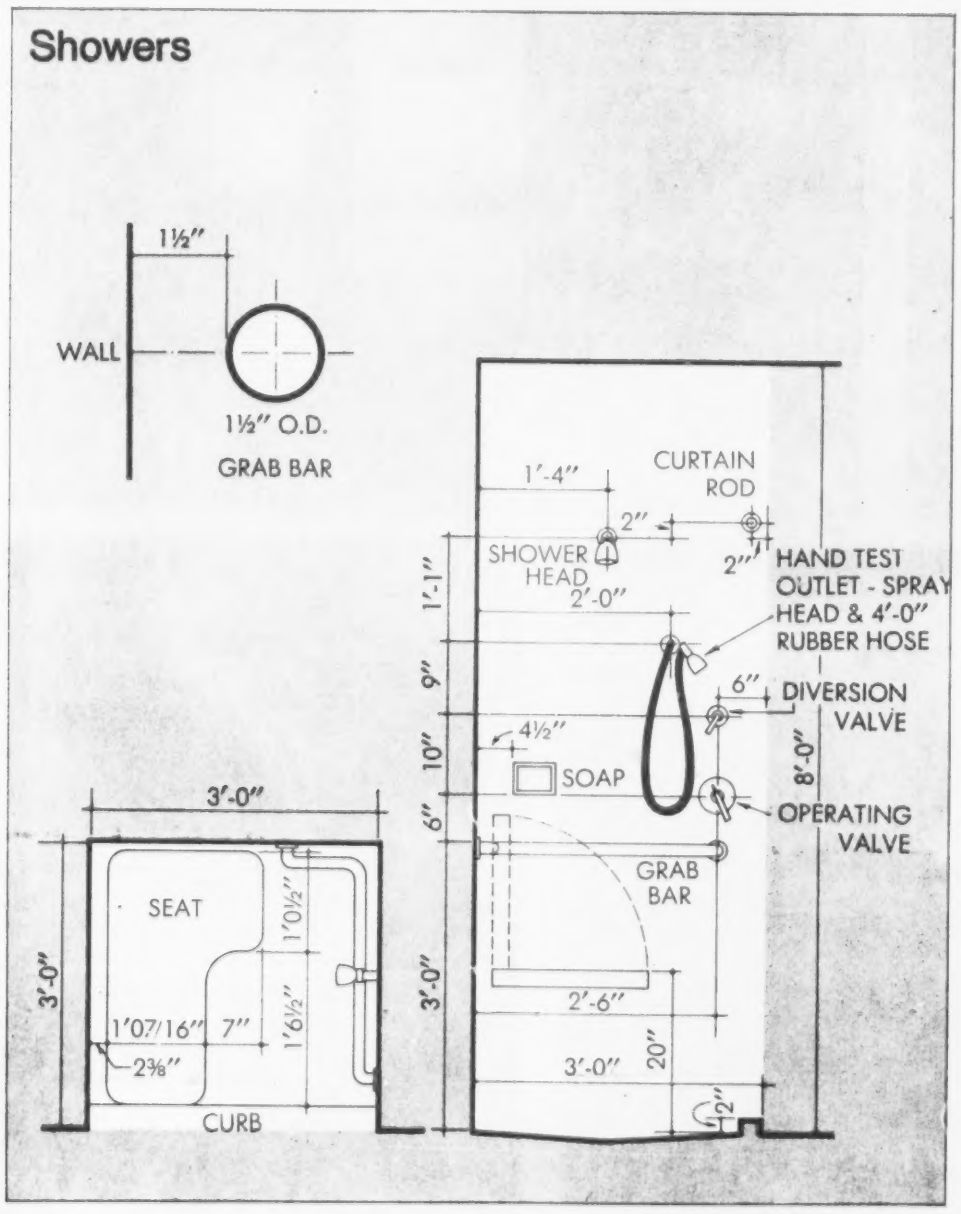

3'-8"
2'-10"
1'-0" MIN.

Doorways
2'-8" MIN. CLEAR
4"


2'-8"
OVER 3'-8"


1'-6" MIN.
UNACCEPTABLE
3'-2" MIN.



**Parking** is easier when spaces are provided near the building entrance and clearly marked for the handicapped. The spaces should be 12 feet wide, arranged to allow the individual to get out of his car onto a level surface and placed so the handicapped are not required to move behind parked cars. Access from parking lot to walkways is facilitated when lot is flush. Wheel bumpers should be spaced for access between them.

**Doorways,** both exterior and interior, are convenient and usable by everyone if they have a minimum clear opening of 2 feet 8 inches. However, if a hallway is only 3 feet 8 inches wide, the door should be wider and more room should be left around it for easy maneuverability. The floor on either side of the doorway should be level for a distance of 5 feet and extend at least 1 foot 6 inches on the latch side of the door on the inswinging side. Sharp inclines and abrupt changes in levels should be avoided at doorsills, thresholds kept to a minimum.

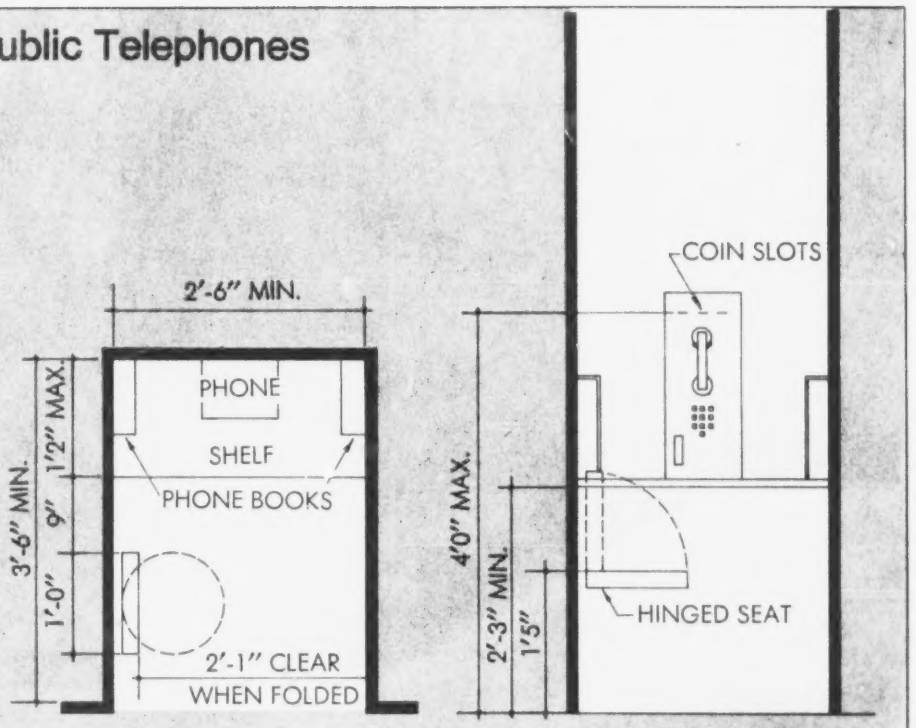
**Stairs** cause great difficulty to individuals with knee, ankle or hip restrictions, artificial legs, leg braces or crutches. Most difficult are steps with projecting nosings which catch the toes; least difficult are steps with a nosing flush with the riser, especially if the steps have a non-skid tread. The nosing should be in a contrasting color. The stairs should have handrails 2 feet 8 inches high, measured from the tread at the face of the riser, and the rail should extend 1 foot 6 inches or more beyond top and bottom steps. Riser should not exceed 7 inches.

**Showers** should be available to handicapped or elderly people in institutions, dormitories or other places where they might be housed. Shower stalls should have a seat for those who must or prefer to be seated while taking a shower. This seat should be hinged so it can be folded out of the way for those who prefer to stand up.

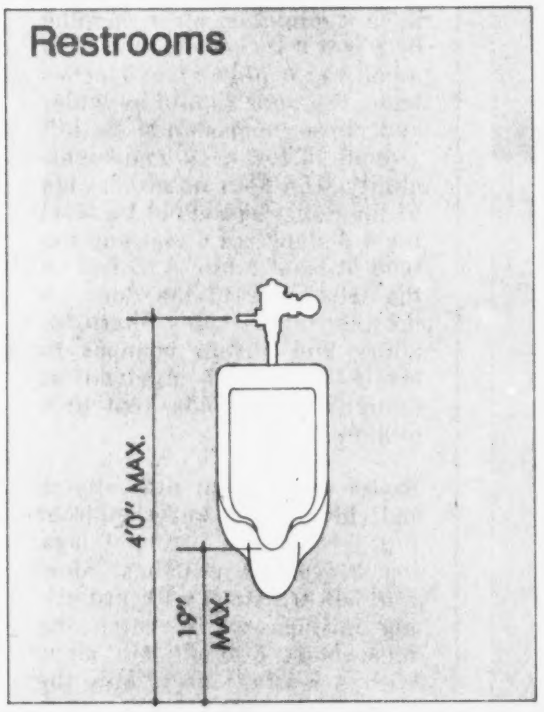
**Public telephones** should be placed so there is no more than 4 feet to the dial, coin slot and receiver. An optional folding seat should be easily operable. Doors must not impinge on clearance of 2 feet 6 inches.

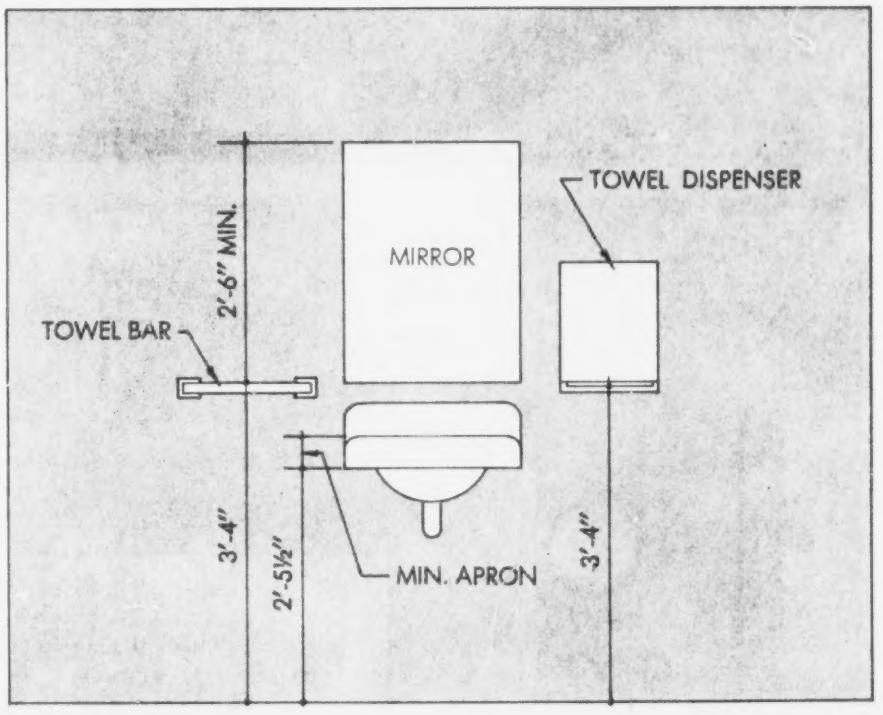
**Restrooms** should have one toilet stall for the handicapped. Sink etc. should be no higher than 4 feet from the floor, lip of urinals no more than 1 foot 7 inches and flush valve no higher than 4 feet.

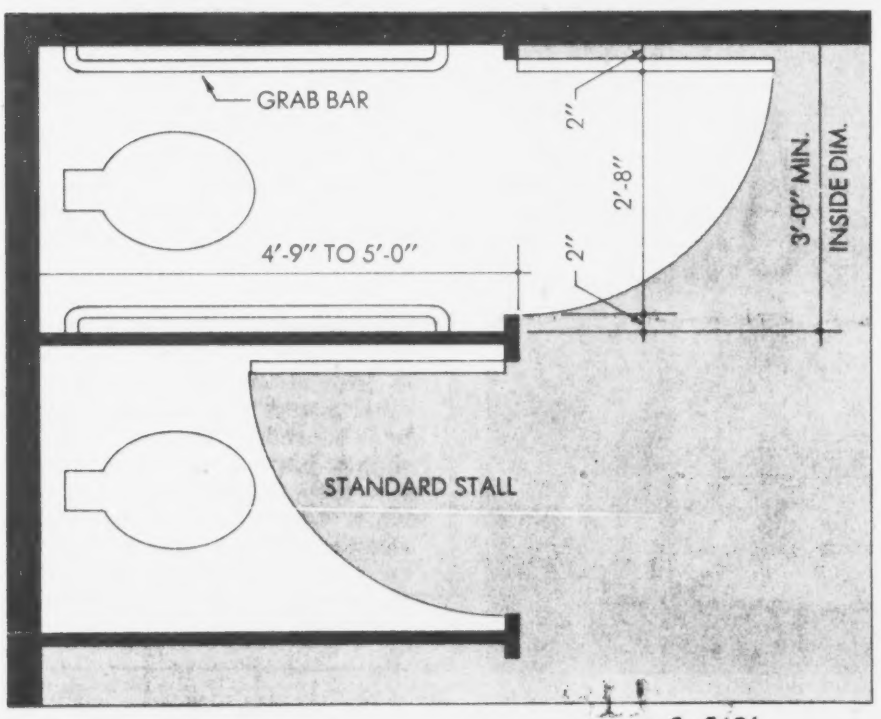
## Public Telephones

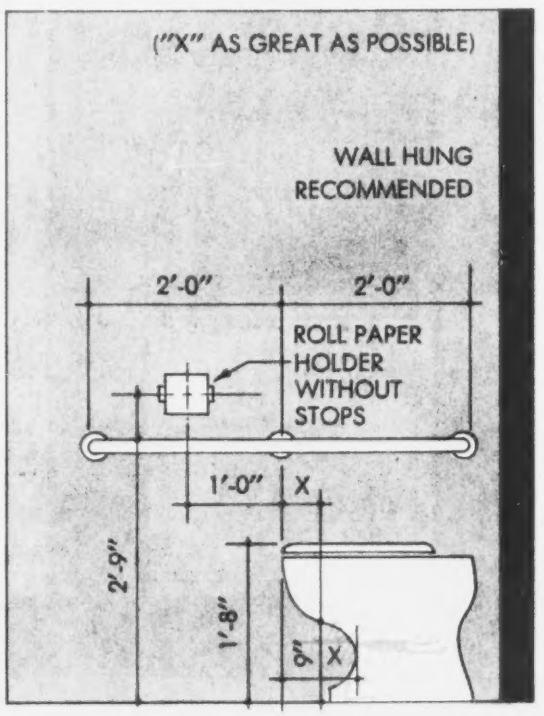



## Restrooms



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TO: Students in Vocational Educational Curricula

FROM:

SUBJECT: SURVEY TO IDENTIFY HANDICAPPED STUDENTS IN VOCATIONAL EDUCATION CURRICULA

Los Angeles City College has received a Federal Grant under the Vocational Education Act, Which will be used to maintain, extend and improve existing vocational education programs and to develop new programs. The phase of the program which I am responsible for deals with provisions for the Physically Handicapped.

This is a brief survey, which I hope you will read and complete where it applies to you. Your assistance will allow Los Angeles City College to serve you and many others who are involved in our Occupational Curricula.

Please feel free to contact me for any additional information or assistance. The Vocational Education Task Force is located in Bungalow 20, Ext. 280.

This survey is to identify students who are covered by the following deginition of the physically handicapped as astablished by the California State for Vocational Education:

> "Handicapped persons" are identified individuals who are (1) mentally retarded, (2) hard of hearing, (3) deaf, (4) speech impaired, (5) emotionally disturbed, (6) crippled or other health impaired persons who by reason of their handicapped condition cannot (may not) succeed in vocational programs designed for persons without such handicaps, and who for that reason (may) require special educational assistance or a modified vocational program."

Please check the appropriate box:

( ) The above definition seems to apply to me.

( ) The above definition does not apply to me.

Personal Date:

_____

NAME ID#

_____

ADDRESS ZIP CODE

_____

PHONE MAJOR

NATURE OF HANDICAP: _____

Class and Section # in which you filled out this survey:

_____

LOS ANGELES CITY COLLEGE
VOCATIONAL EDUCATION QUESTIONNAIRE

_____ _____
Name ID#

_____
Address City Zip Code

_____ _____
Phone# Date of Birth

_____ _____
Major at LACC Career Objective

_____
Nature of handicap

Please check the following questions "Yes" or "No".
Feel free to make any comment that further expresses
your opinion.

Yes( ) No( ) I would be interested in consulting with a Vocational Counselor.

Yes( ) No( ) I would be interested in receiving private tutoring either in my vocational courses or in required academic courses.

Yes( ) No( ) I would be interested in attending a special seminar or conference where I could discuss my vocational objectives with a professional expert or employee working in that field.

Yes( ) No( ) I would be interested in having an Advisory Committee composed of faculty, students, progessionals and employers established to advise on curricula and programs for the handicapped.

5. Yes( ) No( ) I would like to discuss my needs with such a committee.

6. Yes( ) No( ) I would like to serve on such a committee.

7. Yes( ) No( ) I would like to discuss on-campus, or off-campus employment opportunities with a counselor or prospective employer.

8. Yes( ) No( ) I would be interested in participating in "encounter" or group sessions where I can relate my viewpoints and/or problems.

9. Yes( ) No( ) I have had special problems in pursuit of my education (Please describe)

10. Yes( ) No( ) I am receiving counseling and guidance, financial assistance or tutoring related to my studies at LACC from an off-campus agency. (Please list _____)

11. Yes( ) No( ) Are you now receiving or have you received within the last year:

| | | | |
|---|---|---|---|
| a) | a National Defense Student Loan? | Yes___ | No___ |
| b) | an Educational Opportunity Grant? | Yes___ | No___ |
| c) | a Federally Insured (Bank) Loan? | Yes___ | No___ |
| d) | Health Services Student Loan (Nursing)? | Yes___ | No___ |
| e) | Extended Opportunity Program (Senate Bill 164) | Yes___ | No___ |

12. Yes( ) No( ) Are you presently employed? If so, your job title:_____
_____ Rate of pay:_____

If not, do you wish to be employed? _____

13. Yes( ) No( ) Do you have any suggestions about what this college could do to assist people with your handicap? (Please comment)

14. Yes( ) No( ) Are you interested in a loan or grant if funds were made available?

5. Yes( ) No( ) Will you be attending Los Angeles City College in the Fall, 1970 semester. (If not, what are your plans?)

November 18, 1970

Dear Student:

We have a program currently on campus, designed to meet the special needs of the physically handicapped students who are vocational majors. The services offered include physical improvement of the school grounds, ramps, etc; professional and student vocational counselors; special electronic equipment installed in the Learning Resources Center; and tutoring tied to special educational needs for handicapped persons who cannot secure this service from the Vocational Rehabilitation Department.

So that our program may be effective and meet the individual needs of students who are handicapped, please answer the following questions:

1. I am currently enrolled at L.A.C.C. Yes ____ No ____

2. My Major is _____

3. My Physical handicap is _____

4. I need the following special help _____

_____

5. Suggestions _____

_____

_____

Thank you very much for your help.

Don Love, Coordinator
Career Guidance Center
Bugalow 104
Phone: 663-9141 Ext. 316

## CONFIDENTIAL HEALTH QUESTIONNAIRE

The information requested on this form will help the college to set up appropriate programs and classes and to provide special services and equipment for individual students.

Please fill out this form as completely as possible. If you are in doubt on any item, check YES.

Print Name Here _____
Last First Middle Initial

Print Social Security Number [ ][ ][ ] – [ ][ ] – [ ][ ][ ][ ]

| CONDITION | | CONDITION | |
|---|---|---|---|
| NO [ ] | 1. DIABETES | YES [ ] 22 / NO [ ] | 13. ORTHOPEDIC (Arm, Leg, Spine, etc.) HANDICAP |
| NO [ ] | 2. EPILEPSY | YES [ ] 23 / NO [ ] | 14. CEREBRAL PALSY |
| NO [ ] | 3. BLACK OUTS/FAINTING SPELLS | YES [ ] 24 / NO [ ] | 15. HEARING LOSS |
| NO [ ] | 4. BLOOD PRESSURE (high/Low) | YES [ ] 25 / NO [ ] | 16. BIRTH DEFECTS |
| NO [ ] | 5. SICKLE CELL ANEMIA | YES [ ] 26 / NO [ ] | 17. HERNIA (Rupture) |
| NO [ ] | 6. RESPIRATORY PROBLEM | YES [ ] 27 / NO [ ] | 18. SPEECH PROBLEM |
| NO [ ] | 7. HEART CONDITION | YES [ ] 28 / NO [ ] | 19. EMOTIONAL DISORDER |
| NO [ ] | 8. THYROID DISORDERS | YES [ ] 29 / NO [ ] | 20. MALNUTRITION |
| NO [ ] | 9. STOMACH & BOWEL (Ulcers, Colitis, etc.) | YES [ ] 30 / NO [ ] | 21. OBESITY |
| NO [ ] | 10. KIDNEY CONDITION | YES [ ] 31 / NO [ ] | 22. MEDICATION ALLERGY |
| NO [ ] | 11. SURGERY (Except Appendix & Tonsils) | YES [ ] 32 / NO [ ] | 23. OTHER ALLERGIES |
| NO [ ] | 12. EYE PROBLEMS (Explain in line below) | YES [ ] 33 / NO [ ] | 24. OTHER CONDITION (Explain in line below) |